What I Tell My Patients: Faculty Physicians and Nurses Discuss Patient Education About New Treatments and Clinical Trials

Part 2 of a 3-Part Complimentary NCPD Webinar Series
in Partnership with the 2023 ONS Congress

Colorectal and Gastroesophageal Cancers

Wednesday, June 14, 2023
5:00 PM – 6:00 PM ET

Faculty

Kristen K Ciombor, MD, MSCI
Amanda K Wagner, APRN-CNP, AOCNP

Moderator

Neil Love, MD

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Faculty

Kristen K Ciombor, MD, MSCI
Associate Professor of Medicine
Division of Hematology/Oncology
Vanderbilt-Ingram Cancer Center
Nashville, Tennessee

Moderator
Neil Love, MD
Research To Practice
Miami, Florida

Amanda K Wagner, APRN-CNP, AOCNP
GI Malignancies
The James Cancer Hospital
The Ohio State University
Columbus, Ohio

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Dr Love — Disclosures

Dr Love is president and CEO of Research To Practice. Research To Practice receives funds in the form of educational grants to develop CME/NCPD activities from the following companies: AbbVie Inc, Adaptive Biotechnologies Corporation, ADC Therapeutics, Agios Pharmaceuticals Inc, Alexion Pharmaceuticals, Amgen Inc, Array BioPharma Inc, a subsidiary of Pfizer Inc, Astellas, AstraZeneca Pharmaceuticals LP, Aveo Pharmaceuticals, Bayer HealthCare Pharmaceuticals, BeiGene Ltd, BeyondSpring Pharmaceuticals Inc, Blueprint Medicines, Boehringer Ingelheim Pharmaceuticals Inc, Bristol Myers Squibb, Celgene Corporation, Clovis Oncology, Coherus BioSciences, CTI BioPharma Corp, Daiichi Sankyo Inc, Eisai Inc, Elevation Oncology Inc, EMD Serono Inc, Epizyme Inc, Exact Sciences Corporation, Exelixis Inc, Five Prime Therapeutics Inc, Foundation Medicine, G1 Therapeutics Inc, Genentech, a member of the Roche Group, Genmab US Inc, Gilead Sciences Inc, Grail Inc, GSK, Halozyme Inc, Helsinn Healthcare SA, ImmunoGen Inc, Incyte Corporation, Ipsen Biopharmaceuticals Inc, Janssen Biotech Inc, administered by Janssen Scientific Affairs LLC, Jazz Pharmaceuticals Inc, Karyopharm Therapeutics, Kite, A Gilead Company, Kronos Bio Inc, Lilly, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, MEI Pharma Inc, Merck, Mersana Therapeutics Inc, Mirati Therapeutics Inc, Natera Inc, Novartis, Novartis Pharmaceuticals Corporation on behalf of Advanced Accelerator Applications, Novocure Inc, Oncopeptides, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, Sanofi, Seagen Inc, Servier Pharmaceuticals LLC, SpringWorks Therapeutics Inc, Stemline Therapeutics Inc, Sumitomo Dainippon Pharma Oncology Inc, Taiho Oncology Inc, Takeda Pharmaceuticals USA Inc, TerSera Therapeutics LLC, Tesaro, A GSK Company, TG Therapeutics Inc, Turning Point Therapeutics Inc, Verastem Inc, and Zymeworks Inc.

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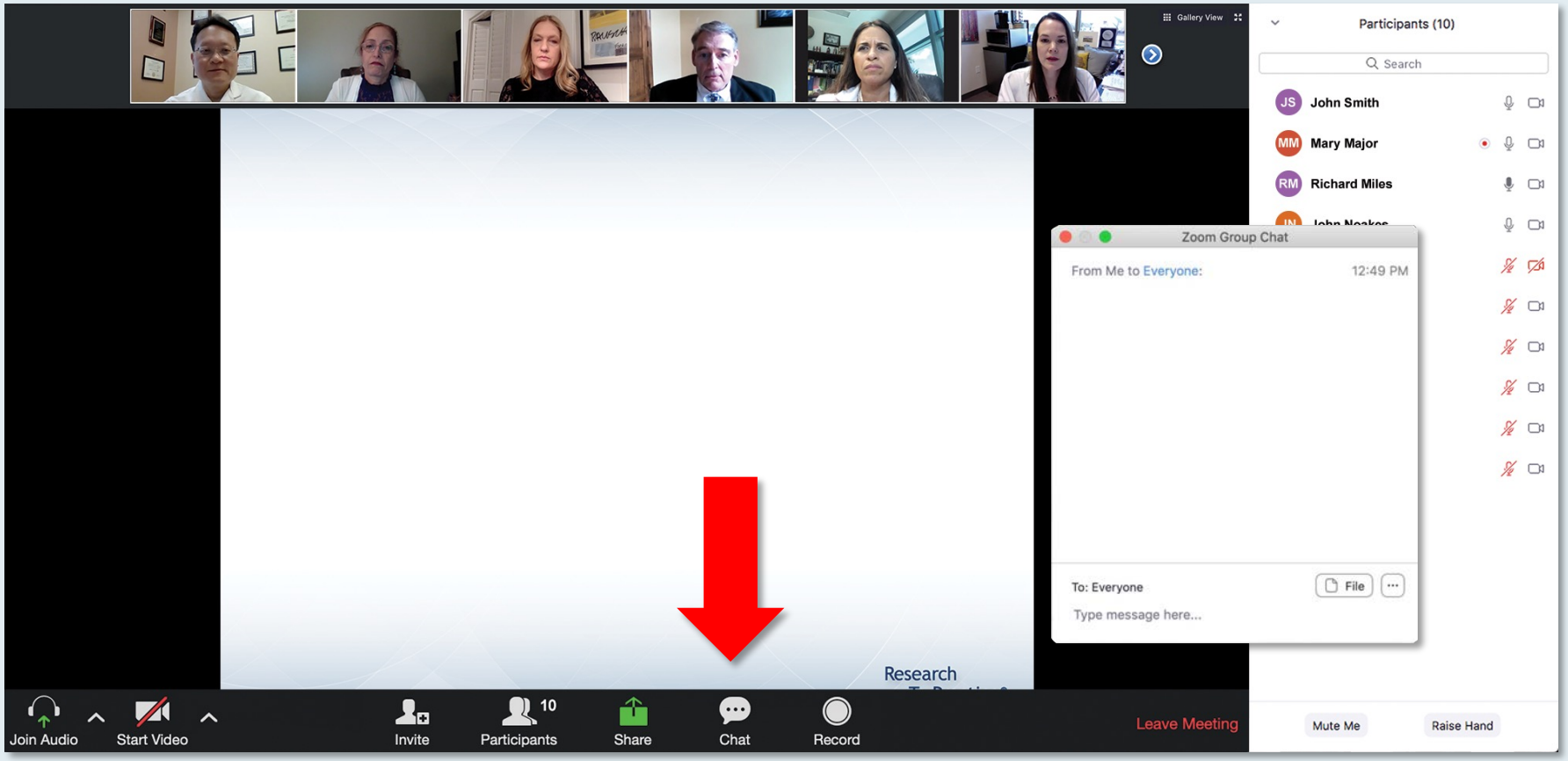
Ms Wagner — Disclosures

No relevant conflicts of interest to disclose.

We Encourage Clinicians in Practice to Submit Questions



Feel free to submit questions now before the program begins and throughout the program.

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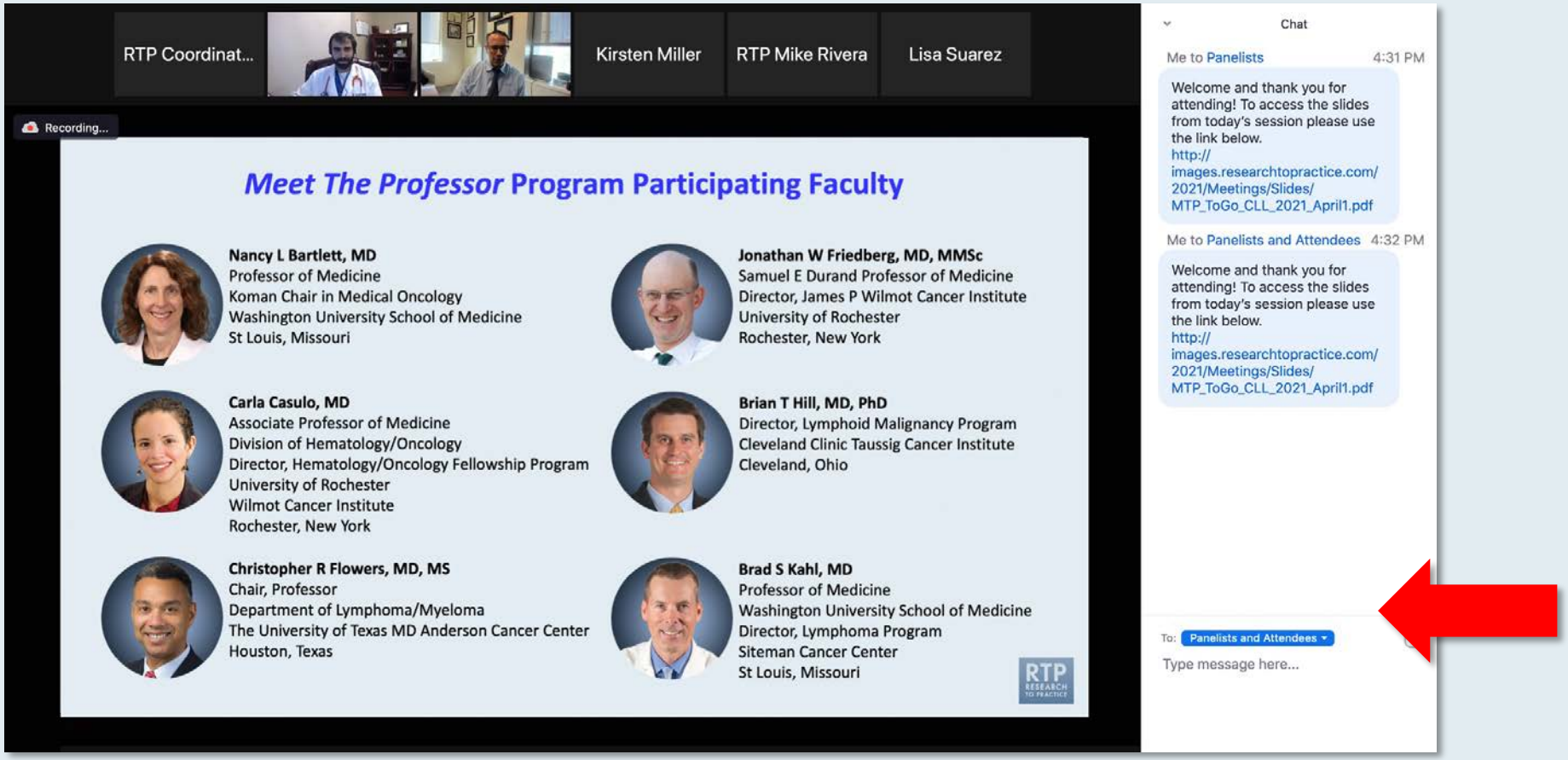
Familiarizing Yourself with the Zoom Interface

Expand chat submission box



Drag the white line above the submission box up to create more space for your message.

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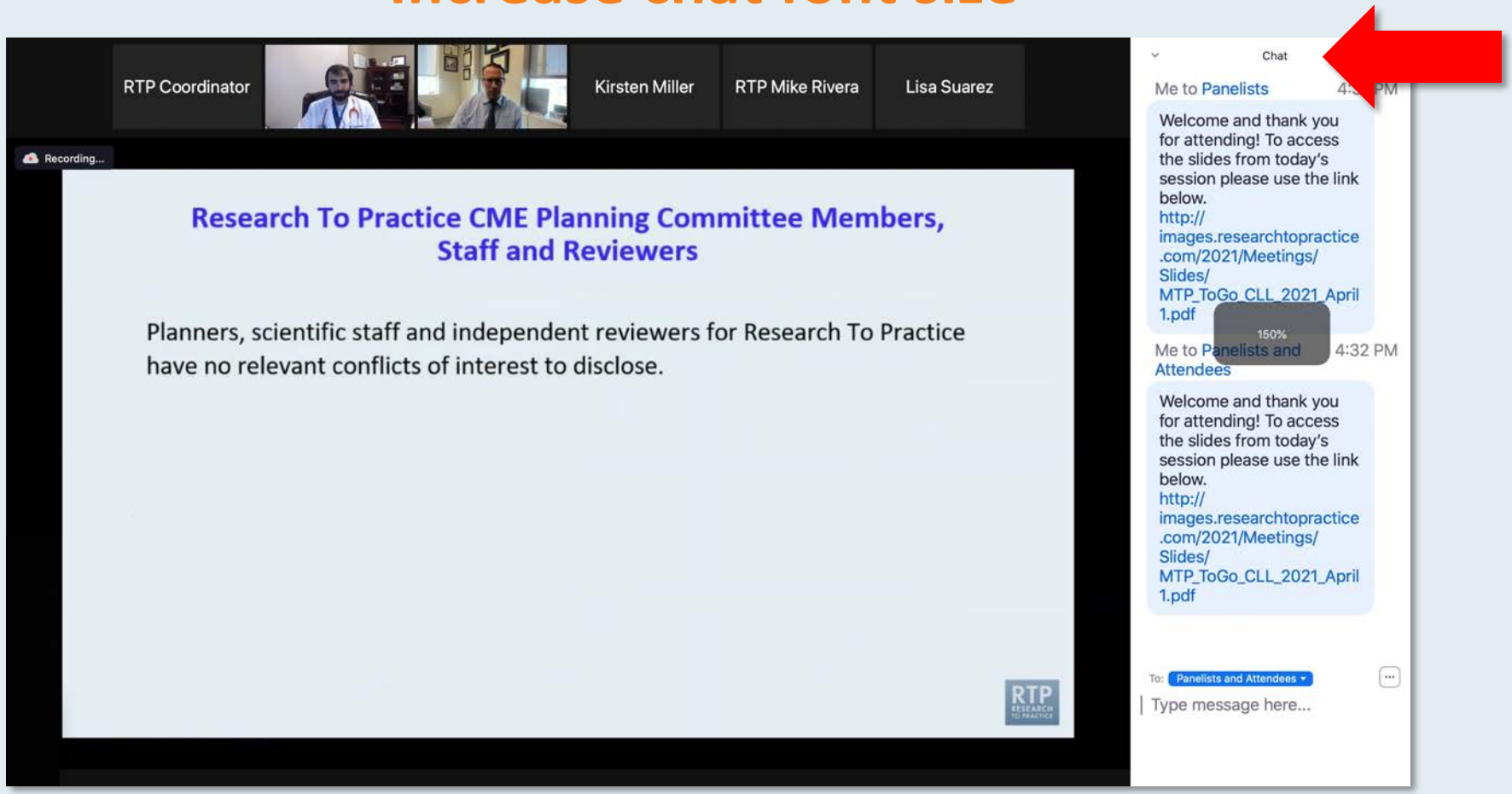
Familiarizing Yourself with the Zoom Interface

Increase chat font size



Press Command (for Mac) or Control (for PC) and the + symbol.
You may do this as many times as you need for readability.

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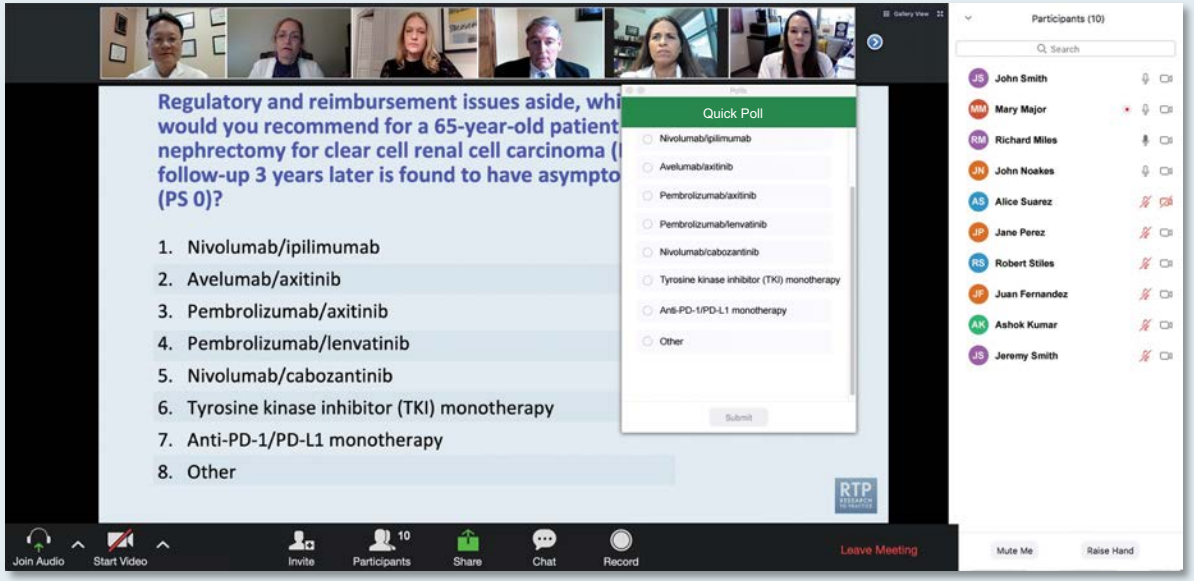

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ONCOLOGY TODAY

WITH DR NEIL LOVE

Management of Gastroesophageal Cancers

DR MANISH SHAH

WEILL CORNELL MEDICINE

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Meet The Professor

The Current and Future Management of Non-Hodgkin Lymphoma

Thursday, June 15, 2023
5:00 PM – 6:00 PM ET

Faculty

Ian W Flinn, MD, PhD

Moderator

Neil Love, MD

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The Implications of New Research Findings for the Management of Endometrial Cancer

A CME/MOC-Accredited Virtual Event in Partnership with the Society of Gynecologic Oncology

Wednesday, June 28, 2023

5:00 PM – 6:00 PM ET

Faculty

Bradley J Monk, MD

Matthew A Powell, MD

Moderator

Neil Love, MD

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What I Tell My Patients: Faculty Physicians and Nurses Discuss Patient Education About New Treatments and Clinical Trials

Part 3 of a 3-Part Complimentary NCPD Webinar Series
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Chronic Lymphocytic Leukemia

Thursday, July 6, 2023
5:00 PM – 6:00 PM ET

Faculty

Kristen E Battiato, AGNP-C
Jennifer Woyach, MD

Moderator

Neil Love, MD

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Thank you for joining us!

NCPD credit information will be emailed to each participant within 5 business days.

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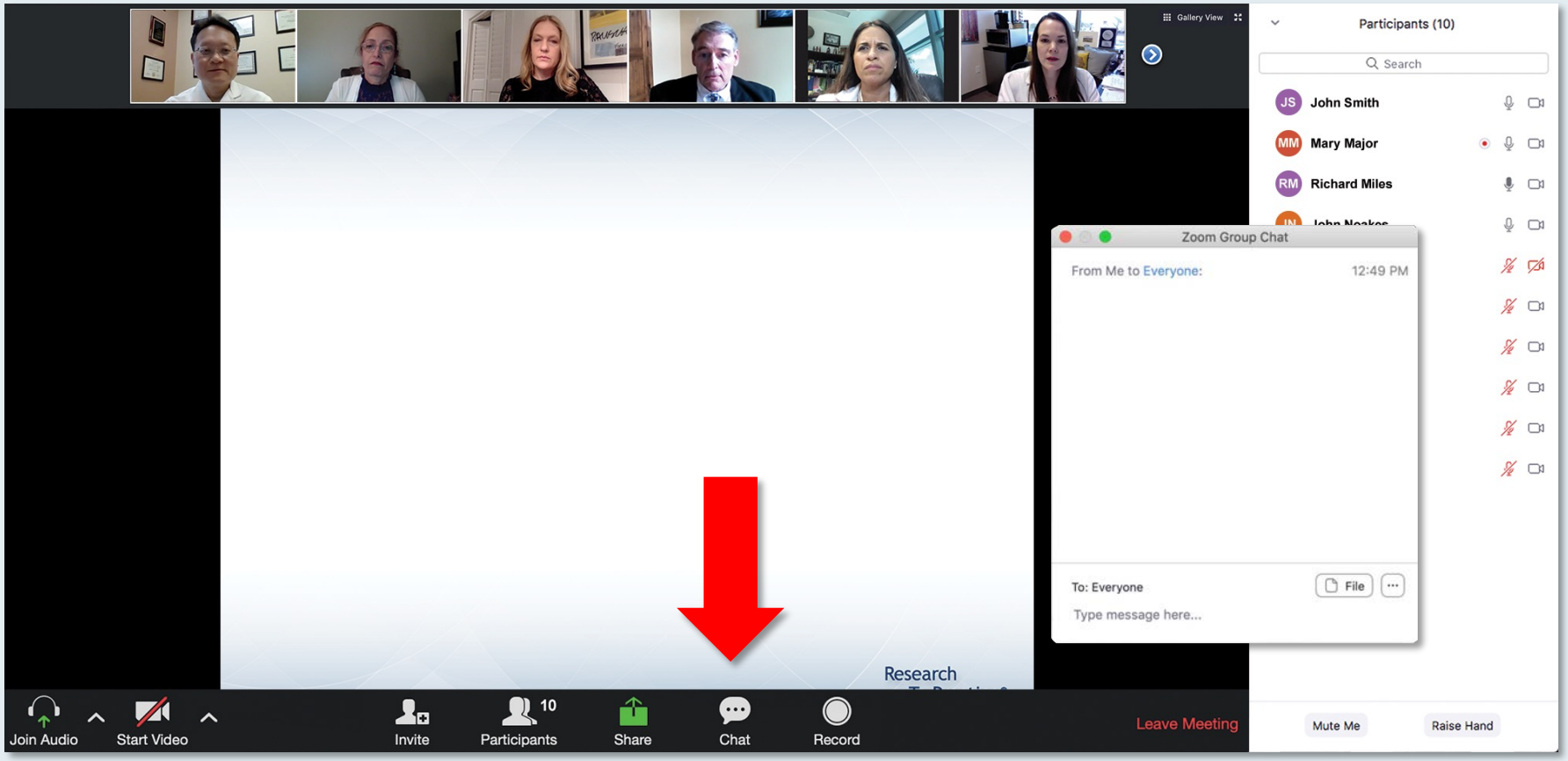

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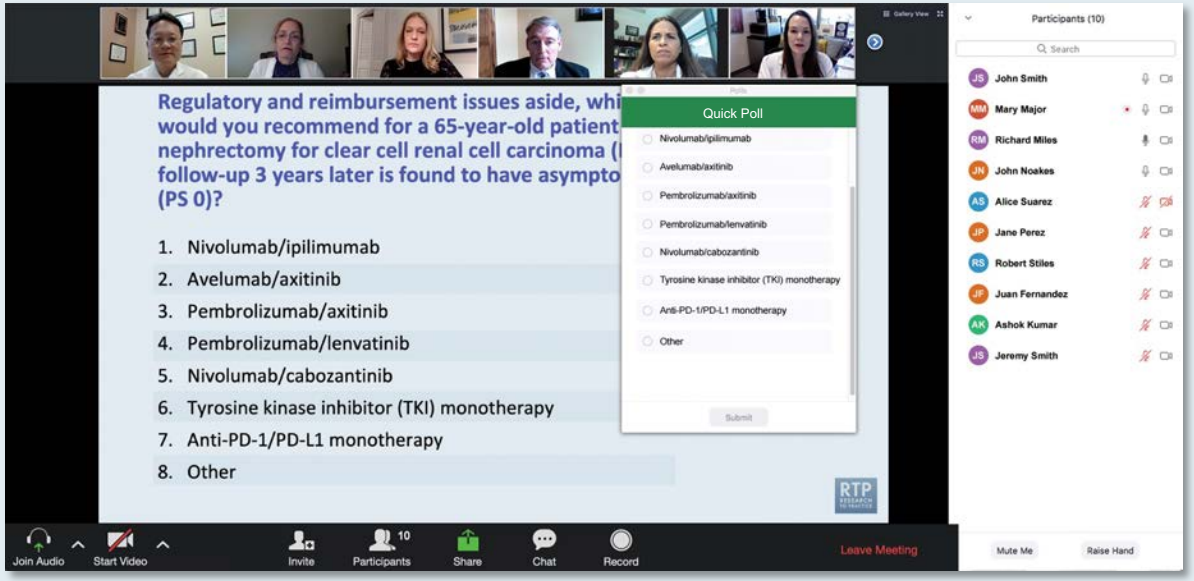

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“What I Tell My Patients”
Fifteenth Annual RTP-ONS NCPD Symposium Series
ONS Congress, San Antonio, Texas — April 26 to 29, 2023

Wednesday April 26	**Cervical and Endometrial Cancer** 11:15 AM – 12:45 PM CT (12:15 PM – 1:45 PM ET)
	Breast Cancer 6:00 PM – 8:00 PM CT (7:00 PM – 9:00 PM ET)
Thursday April 27	**Diffuse Large B-Cell Lymphoma** 6:00 AM – 7:30 AM CT (7:00 AM – 8:30 AM ET)
	Chronic Lymphocytic Leukemia 12:15 PM – 1:45 PM CT (1:15 PM – 2:45 PM ET)
	HER2-Targeted Antibody-Drug Conjugates 6:00 PM – 7:30 PM CT (7:00 PM – 8:30 PM ET)
Friday April 28	**Hepatobiliary Cancers** 6:00 AM – 7:30 AM CT (7:00 AM – 8:30 AM ET)
	Ovarian Cancer 12:15 PM – 1:45 PM CT (1:15 PM – 2:45 PM ET)
	Lung Cancer 6:00 PM – 8:00 PM CT (7:00 PM – 9:00 PM ET)
Saturday April 29	**Acute Myeloid Leukemia, Myelodysplastic Syndromes and Myelofibrosis** 6:00 AM – 7:30 AM CT (7:00 AM – 8:30 AM ET)
	Prostate Cancer 12:15 PM – 1:45 PM CT (1:15 PM – 2:45 PM ET)

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What I Tell My Patients: New Treatments and Clinical Trials

An NCPD Webinar Series in Partnership with the 2023 ONS Congress

Urothelial Bladder Cancer

Thursday, May 25, 2023

Faculty

Brenda Martone, MSN, NP-BC, AOCNP
Jonathan E Rosenberg, MD

Moderator

Neil Love, MD

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What I Tell My Patients

2023 ONS Congress

San Antonio, Texas

Symposia Themes

- New agents and therapies; ongoing trials related to specific clinical scenarios
- Patient education: Preparing to receive new therapies
- The bond that heals
- THANKS! (Great job)

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How was it different to take care of this patient versus another patient in the same oncologic setting?

What unique biopsychosocial factors (eg, attitude, comorbidities, social support) were considered in the overall management of this case?

What I Tell My Patients:
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Ms Wagner — Disclosures

No relevant conflicts of interest to disclose.

Agenda

Introduction: The Oncology Clinical Trial Landscape

Module 1: Colorectal Cancer (CRC)

- Adjuvant therapy: Circulating tumor DNA (ctDNA) assays – **Signatera™**
- First-line treatment of metastatic CRC (mCRC); tumor-sidedness, biomarkers: **PARADIGM**
- HER2-positive mCRC: **MOUNTAINEER, DESTINY-CRC01**
- BRAF V600E-mutant mCRC: **BEACON CRC, ANCHOR**
- MSI-high mCRC: **KEYNOTE-177, CheckMate 142**

Module 2: Gastroesophageal (GE) Cancers

- Adjuvant immunotherapy: **CheckMate 577**
- First-line treatment of metastatic disease: **SPOTLIGHT, GLOW**
- First-line treatment of metastatic HER2-positive disease: **KEYNOTE-811**
- Later-line treatment of metastatic HER2-positive disease: **DESTINY-Gastric02, MOUNTAINEER-02**

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Dr Ciombor
Nashville, Tennessee

Clinical Research Background

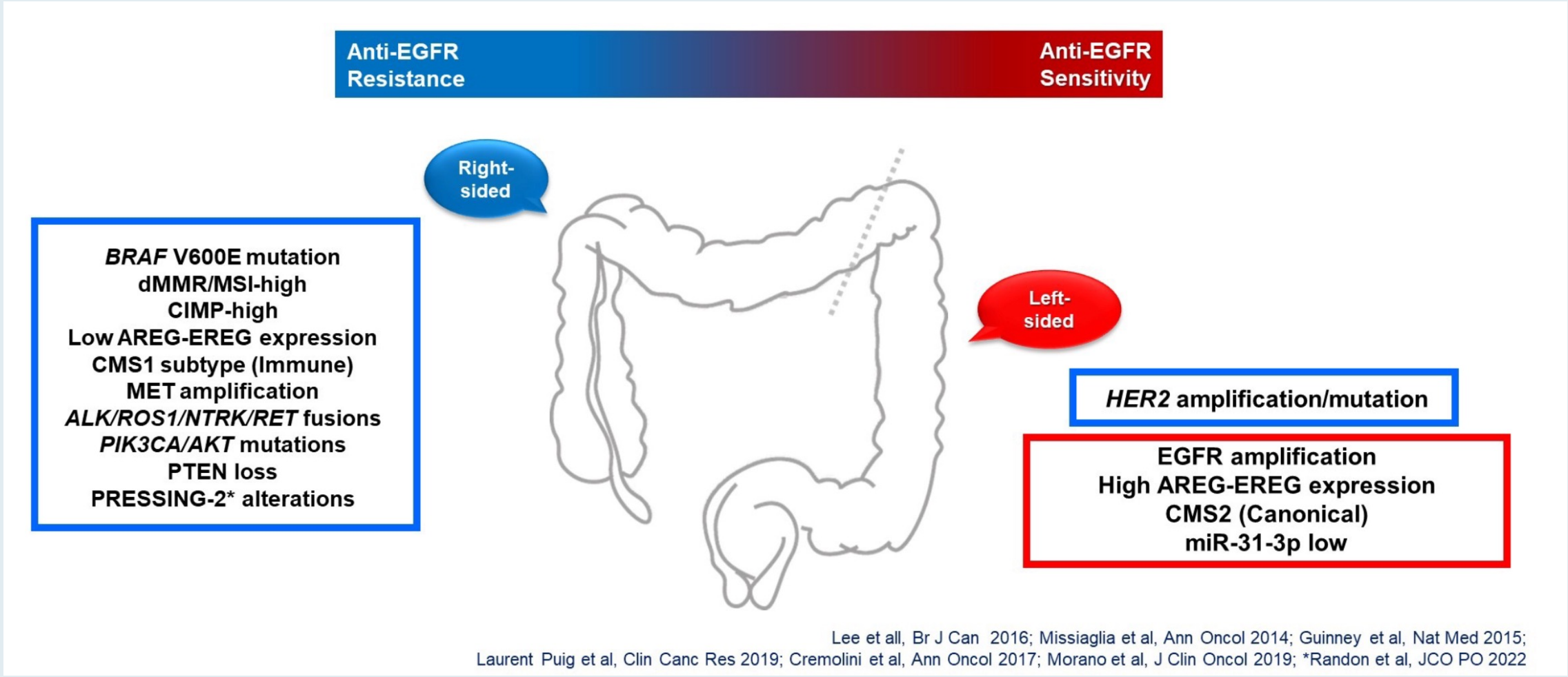
- **Adjuvant treatment of localized colorectal cancer**
  - **Role of ctDNA assays: Signatera™**

Dr Ciombor
Nashville, Tennessee

Clinical Research Background

- **Selection of first-line therapy for mCRC**
  - **Defining “tumor sidedness”**
  - **PARADIGM: Panitumumab/mFOLFOX6 versus bevacizumab/mFOLFOX6**
  - **Side effects associated with anti-EGFR antibodies**

Differences in Molecular Makeup Between Right- and Left-Sided RAS Wild-Type Tumors



Lee et all, Br J Can 2016; Missiaglia et al, Ann Oncol 2014; Guinney et al, Nat Med 2015; Laurent Puig et al, Clin Canc Res 2019; Cremolini et al, Ann Oncol 2017; Morano et al, J Clin Oncol 2019; *Randon et al, JCO PO 2022

Cremolini C, Discussant. ASCO 2022;Abstract LBA1.

Amanda K Wagner, APRN-CNP, AOCNP

48-year-old teacher who presented with left-sided RAS wild-type colon cancer and widespread metastases

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Dr Ciombor
Nashville, Tennessee

Clinical Research Background

- **HER2-targeted strategies**
  - **MOUNTAINEER: Tucatinib/trastuzumab**
  - **DESTINY-CRC01: Trastuzumab deruxtecan**

Tucatinib and Trastuzumab: Colorectal Cancer

Mechanism of action

- **Tucatinib – HER2 tyrosine kinase inhibitor**
- **Trastuzumab – anti-HER2 monoclonal antibody**

Indication

- **Tucatinib is approved in combination with trastuzumab for patients with RAS wild-type HER2-positive unresectable or metastatic colorectal cancer that has progressed after fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapy**

Tucatinib recommended dose

- **300 mg orally twice daily in combination with trastuzumab**

Tucatinib prescribing information. https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/213411s004lbl.pdf

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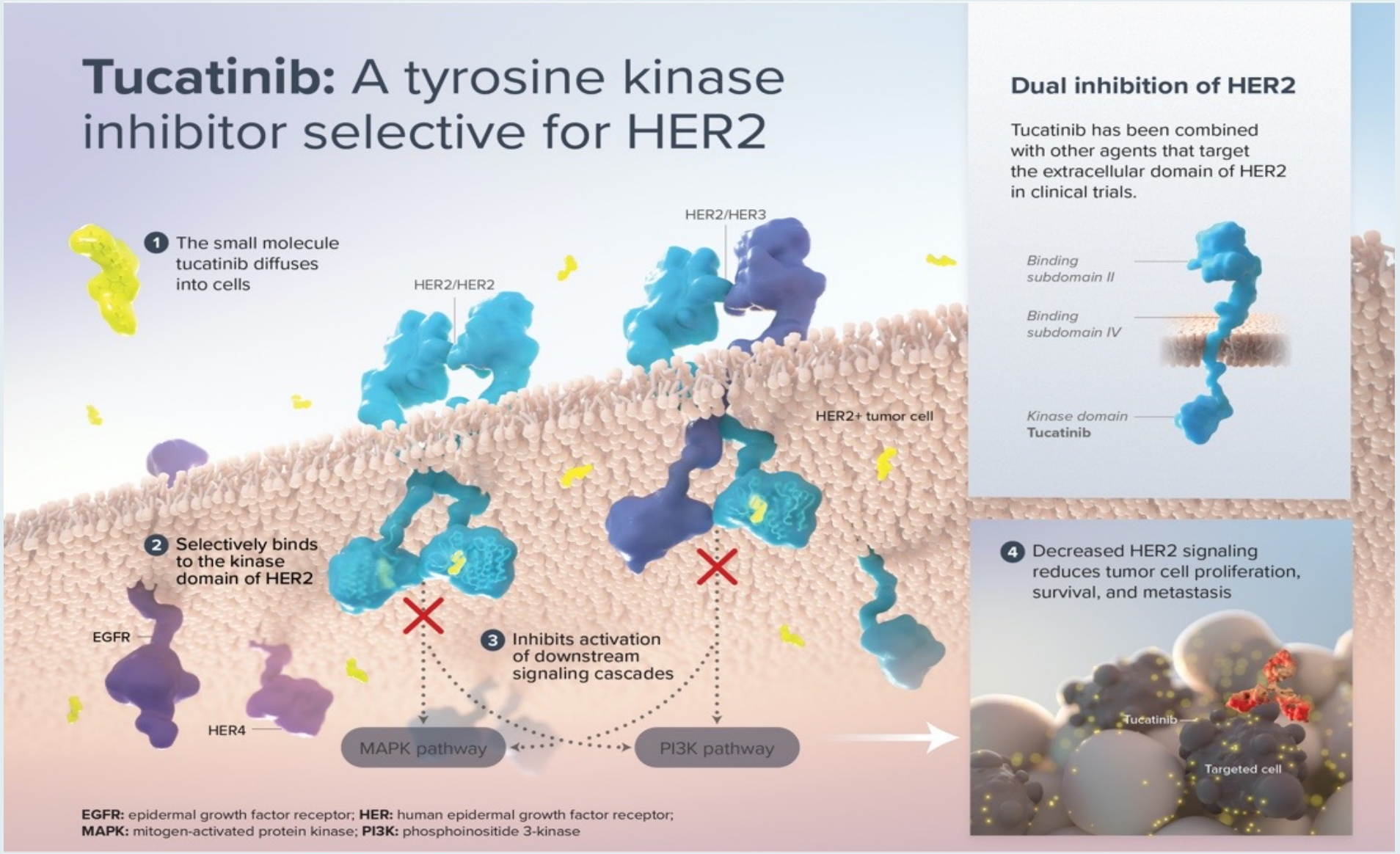
Tucatinib Mechanism of Action



www.seagen.com/science/pipeline/tucatinib

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FDA Grants Accelerated Approval to Tucatinib with Trastuzumab for Colorectal Cancer

Press Release – January 19, 2023

"On January 19, 2023, the Food and Drug Administration (FDA) granted accelerated approval to tucatinib in combination with trastuzumab for RAS wild-type HER2-positive unresectable or metastatic colorectal cancer that has progressed following fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy.

Efficacy was evaluated in 84 patients in MOUNTAINEER (NCT03043313), an open-label, multicenter trial. Patients were required to have HER2-positive, RAS wild-type, unresectable or metastatic colorectal cancer and prior treatment with fluoropyrimidine, oxaliplatin, irinotecan, and an anti-vascular endothelial growth factor (VEGF) monoclonal antibody (mAb). Patients whose tumors were deficient in mismatch repair (dMMR) proteins or were microsatellite instability-high (MSI-H) must also have received an anti-programmed cell death protein-1 mAb. Patients who received prior anti-HER2 targeting therapy were excluded."

https://www.fda.gov/drugs/resources-information-approved-drugs/fda-grants-accelerated-approval-tucatinib-trastuzumab-colorectal-cancer

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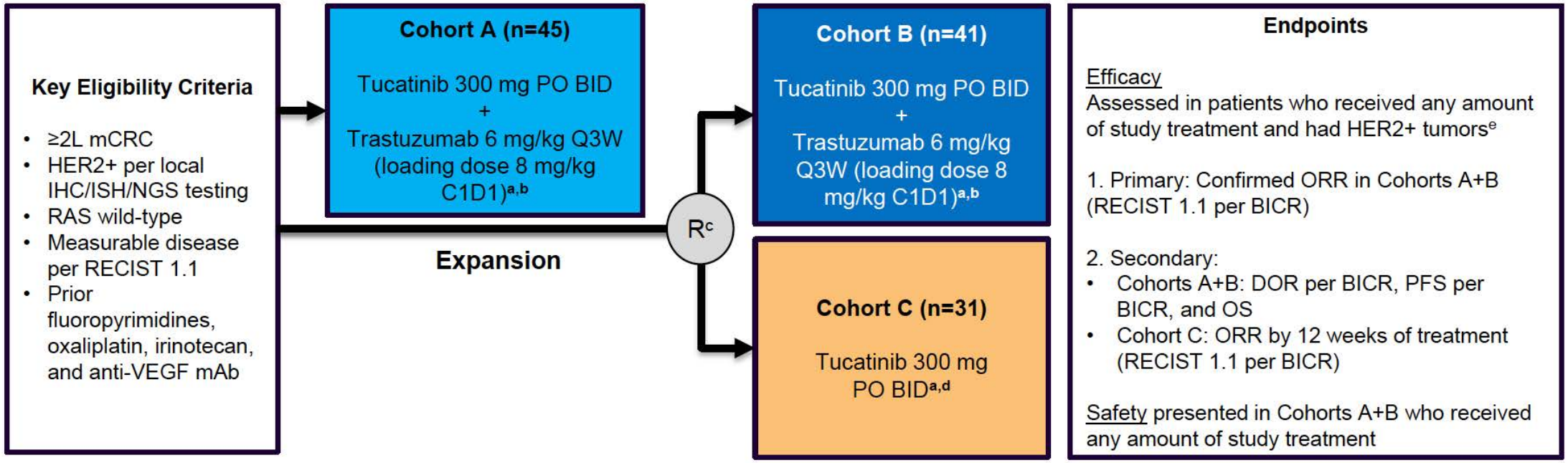
Tucatinib plus trastuzumab for chemotherapy-refractory, HER2-positive, *RAS* wild-type unresectable or metastatic colorectal cancer (MOUNTAINEER): a multicentre, open-label, phase 2 study

*John H Strickler, Andrea Cercek, Salvatore Siena, Thierry André, Kimmie Ng, Eric Van Cutsem, Christina Wu, Andrew S Paulson, Joleen M Hubbard, Andrew L Coveler, Christos Fountzilas, Adel Kardosh, Pashtoon M Kasi, Heinz-Josef Lenz, Kristen K Ciombor, Elena Elez, David L Bajor, Chiara Cremolini, Federico Sanchez, Michael Stecher, Wentao Feng, Tanios S Bekaii-Saab, on behalf of the MOUNTAINEER investigators**

***Lancet Oncol* 2023;24:469-508**

MOUNTAINEER: Global, Open-Label, Phase 2 Trial



MOUNTAINEER began as a US Investigator-Sponsored Trial and initially consisted of a single cohort (Cohort A) and was expanded globally to include patients randomised to receive tucatinib + trastuzumab (Cohort B) or tucatinib monotherapy (Cohort C)

Data cut-off for current analysis, March 28, 2022

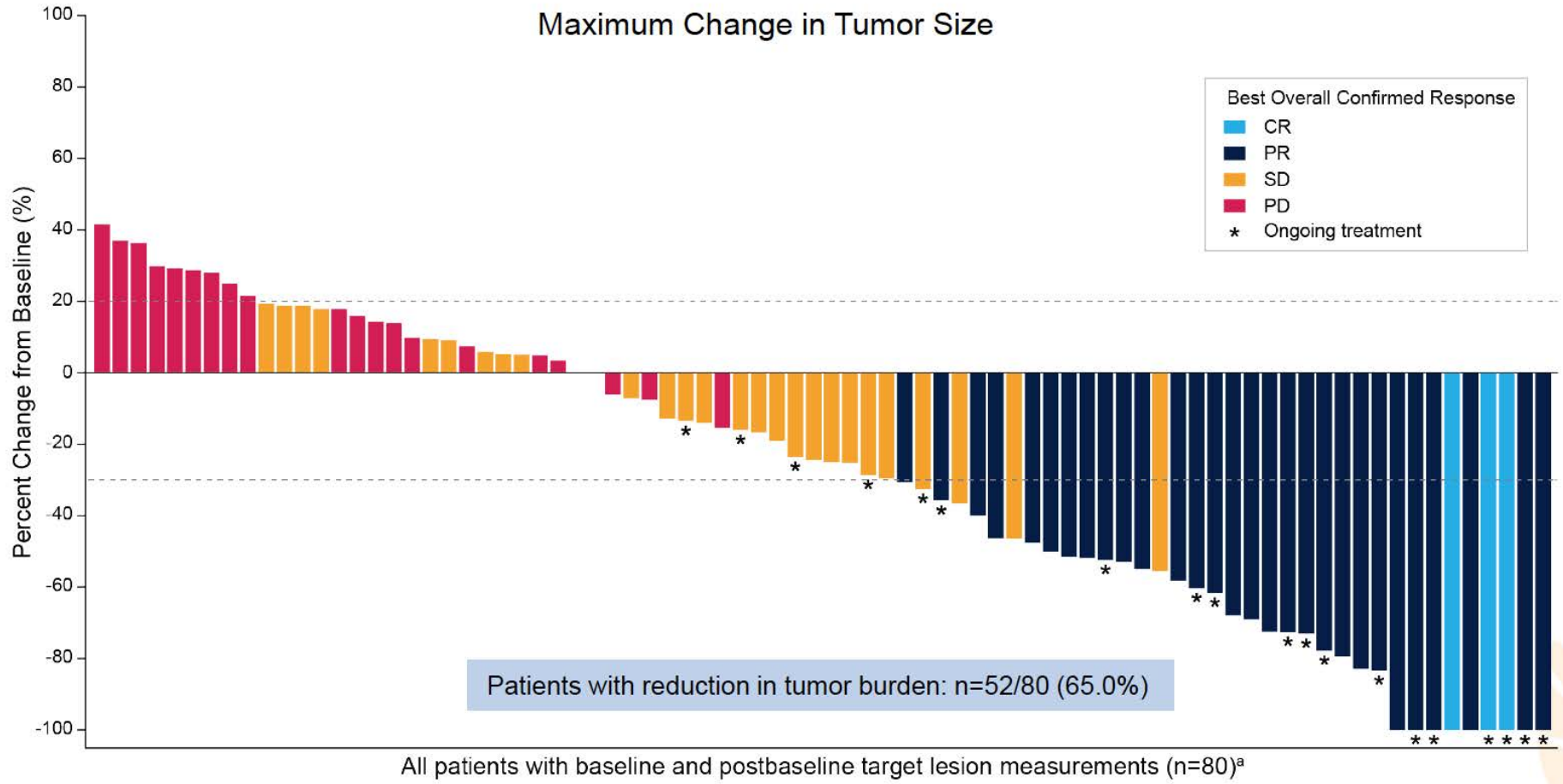
a Each treatment cycle is 21 days; b Patients remained on therapy until evidence of radiographic or clinical progression, unacceptable toxicity, withdrawal of consent, or study closure; c Stratification: Left sided tumor primary vs other; d Patients were allowed to cross over and receive tucatinib and trastuzumab if they experienced radiographic progression at any time point or if they had not achieved a PR or CR by week 12; e Patients had HER2+ tumors as defined by one or more protocol required local tests: IHC 3+ (n=46), amplification by ISH (n=36), or amplification by NGS (n=69)

2L+, second line and later; BICR, blinded independent central review; BID, twice a day; C1D1, cycle 1 day 1; CR, complete response; DOR, duration of response; HER2, human epidermal growth receptor 2; IHC, immunohistochemistry; ISH, in situ hybridization; mAb, monoclonal antibody; mCRC, metastatic colorectal cancer; NGS, next-generation sequencing; ORR, objective response rate; OS, overall survival; PFS, progression-free survival; PO, orally; Q3W, every 3 weeks; PR, partial response; R, randomisation; RAS, rat sarcoma virus; RECIST, Response Evaluation Criteria in Solid Tumors; US, United States; VEGF, vascular endothelial growth factor.

https://clinicaltrials.gov/ct2/show/NCT03043313

Strickler JH et al. ESMO GI 2022;Abstract LBA-2.

Tucatinib + Trastuzumab: Change in Tumor Size



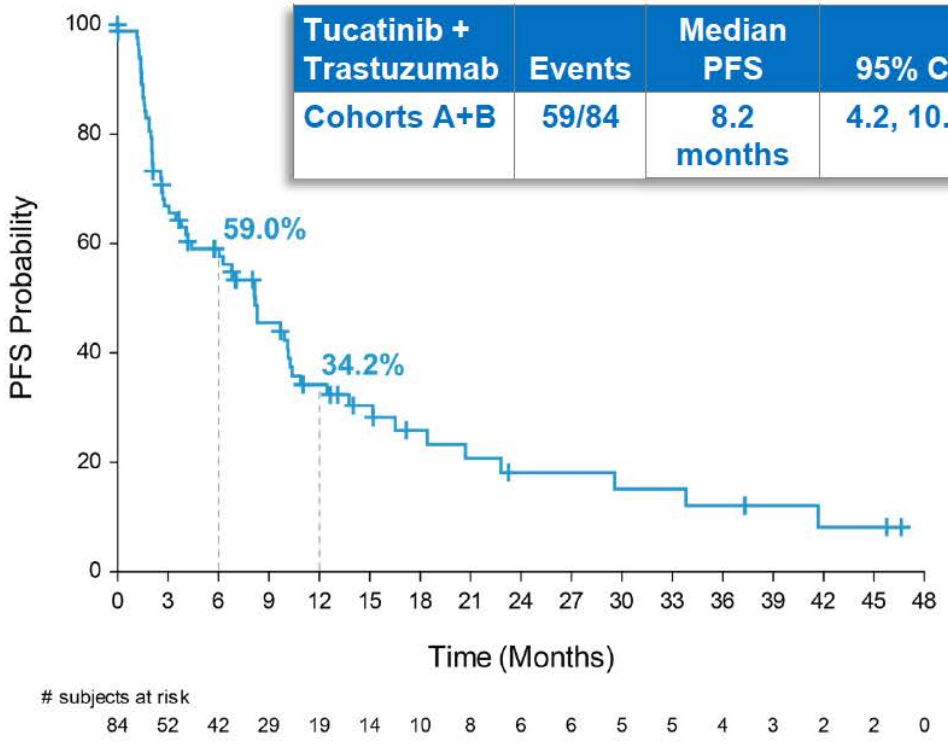
a Four patients who did not have baseline and/or post-baseline target lesion measurements are excluded
CR, complete response; PD, progressive disease; PR, partial response; SD, stable disease.
Data cutoff: 28 Mar 2022

Strickler JH et al. ESMO GI 2022;Abstract LBA-2. Strickler JH et al. *Lancet Oncol* 2023; 24:496-508.

Tucatinib + Trastuzumab: PFS and OS

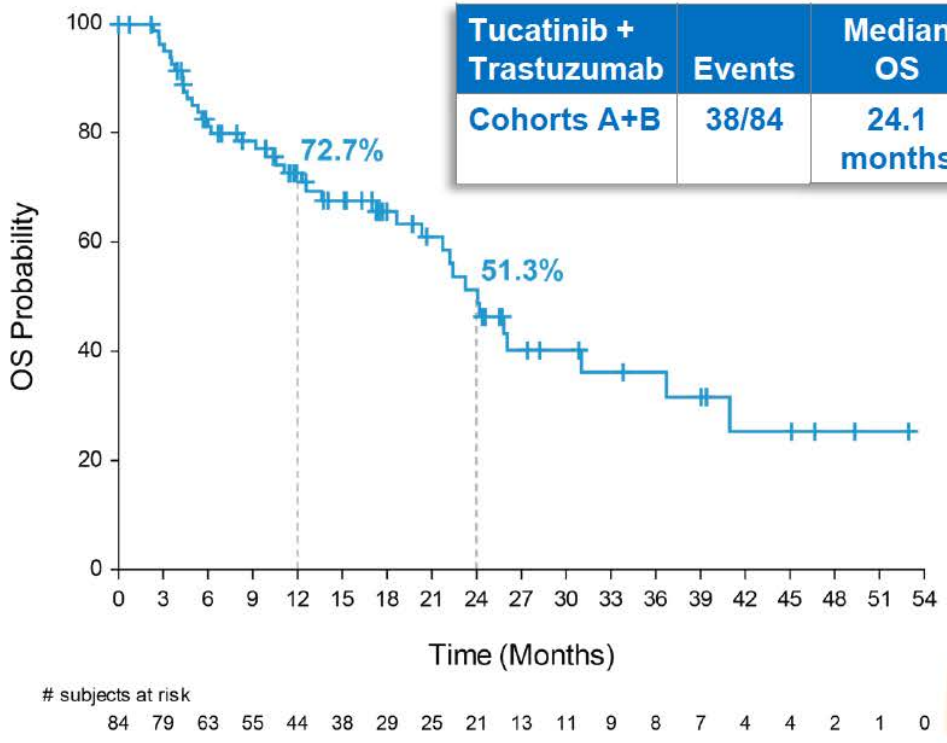
Progression-free Survival per BICR

Tucatinib + Trastuzumab	Events	Median PFS	95% CI
Cohorts A+B	59/84	8.2 months	4.2, 10.3



Overall Survival

Tucatinib + Trastuzumab	Events	Median OS	95% CI
Cohorts A+B	38/84	24.1 months	20.3, 36.7



Median follow-up for Cohorts A+B was 20.7 months (IQR, 11.7, 39.0)

BICR, blinded independent central review; IQR, interquartile range; OS, overall survival; PFS, progressive-free survival.
Data cutoff: 28 Mar 2022

Strickler JH et al. ESMO GI 2022;Abstract LBA-2. Strickler JH et al. *Lancet Oncol* 2023; 24:496-508.

Tucatinib + Trastuzumab: Efficacy Outcomes

Responses	Tucatinib + Trastuzumab Cohorts A+B n=84
Best overall response per BICR[a], n (%)	
CR	3 (3.6)
PR	29 (34.5)
SD[b]	28 (33.3)
PD	22 (26.2)
Not available[c]	2 (2.4)
cORR per BICR, % (95% CI)[d]	**38.1 (27.7, 49.3)**
cORR per Investigator, % (95% CI)[d]	42.9 (32.1, 54.1)
Median time to objective response per BICR[e], months (range)	2.1 (1.2, 9.8)
DCR[f] per BICR, n (%)	60 (71.4)
Median DOR per BICR, months (95% CI)	**12.4 (8.5, 20.5)**

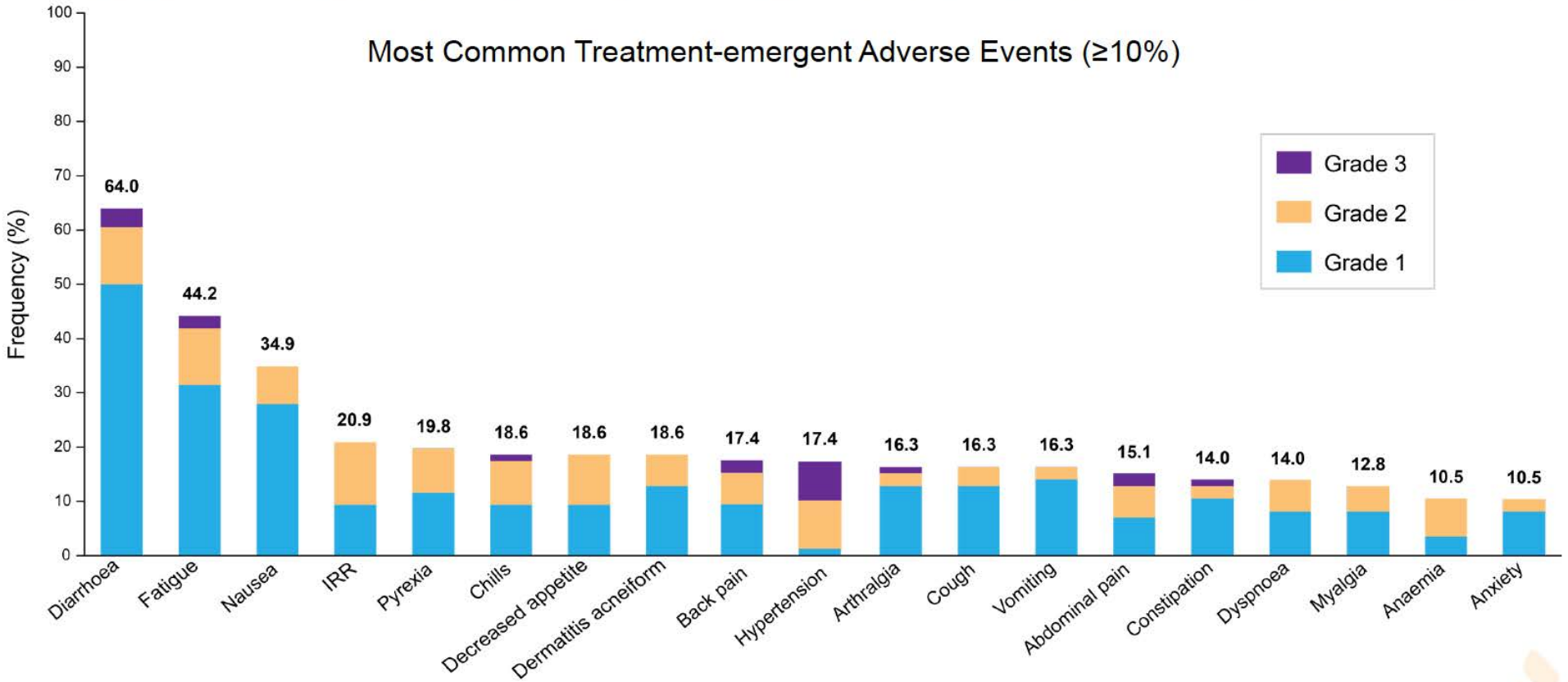
a Confirmed best overall response assessed per RECIST 1.1; b Includes SD and non-CR/non-PD; c Includes patients with no post-baseline response assessment and patients whose disease assessments are not evaluable; d Two-sided 95% exact confidence interval, computed using the Clopper-Pearson method (1934); e Time from the start of study treatment (Cohort A) or date of randomisation (Cohort B) to the first documentation of objective response (CR or PR that is subsequently confirmed); f Defined as sum of CR, PR, and SD

BICR, blinded independent central review; cORR, confirmed objective response rate; CR, complete response; DCR, disease control rate; PD, progressive disease; PR, partial response; RECIST, Response Evaluation Criteria in Solid Tumors; SD, stable disease.

Data cutoff: 28 Mar 2022

Strickler JH et al. ESMO GI 2022;Abstract LBA-2. Strickler JH et al. *Lancet Oncol* 2023; 24:496-508

Most Common TEAEs (≥10%) for Tucatinib + Trastuzumab



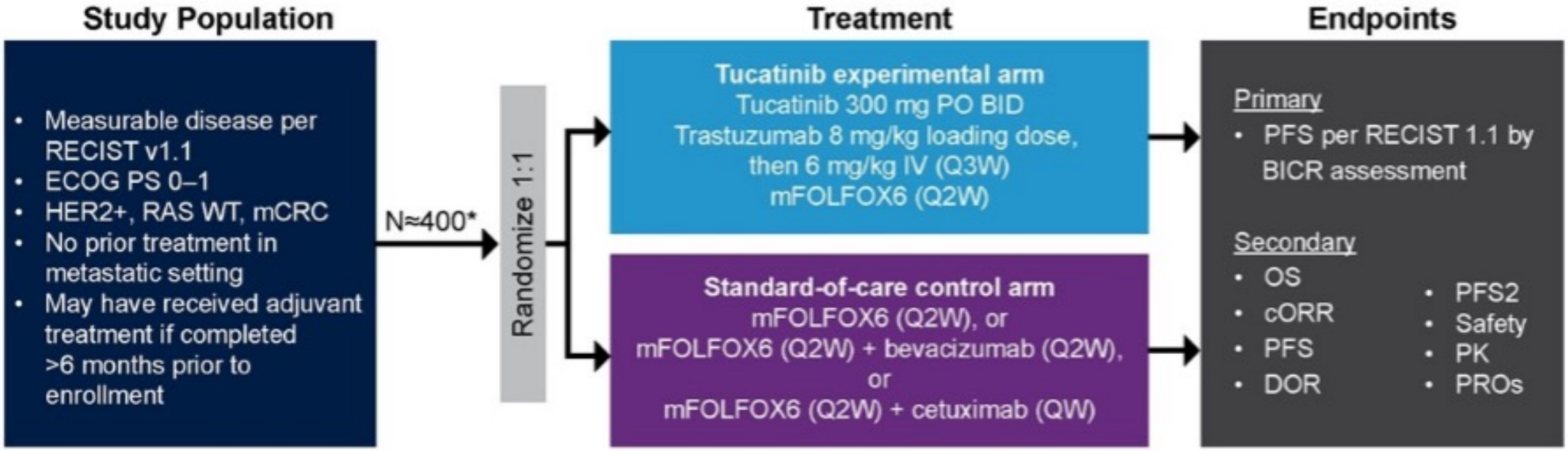
- Most common tucatinib-related AEs (≥10%): diarrhoea (52.3%), fatigue (29.1%), nausea (18.6%), and dermatitis acneiform (17.4%)
  - Grade ≥3 tucatinib-related AEs (≥2%): alanine aminotransferase increase (2.3%) and diarrhoea (2.3%)

AE, adverse event; IRR, infusion-related reaction; TEAE, treatment-emergent adverse event.
Data cutoff: 28 Mar 2022

Strickler JH et al. ESMO GI 2022;Abstract LBA-2.

MOUNTAINEER-03 Ongoing Phase III Trial

- MOUNTAINEER-03 (NCT05253651) is a global, open-label, randomized, phase 3 study of tucatinib with trastuzumab and mFOLFOX6 versus standard of care for the first-line treatment of HER2+ and RAS wild-type mCRC



*Stratification by both primary tumor location (left-sided versus all other) and liver metastases (presence or absence)

Bekaii-Saab T et al. ASCO 2023;Abstract TPS3631.

Trastuzumab Deruxtecan: Colorectal Cancer

Mechanism of action

- **Antibody-drug conjugate directed against HER2**

Indication

- **Investigational**

Pivotal clinical data

- **Phase II DESTINY-CR01 trial evaluating the efficacy and safety of trastuzumab deruxtecan for patients with HER2-expressing, RAS wild-type mCRC**

Yoshino T et al. *Nat Commun* 2023;[Online ahead of print].

RTP RESEARCH TO PRACTICE

Dr Ciombor
Nashville, Tennessee

Clinical Research Background

- **BRAF-targeted treatment**
  - **BEACON CRC: Encorafenib/cetuximab**
  - **ANCHOR: Encorafenib/cetuximab/binimetinib**

Encorafenib and Cetuximab

Mechanism of action

- **Encorafenib – oral RAF kinase inhibitor**
- **Cetuximab – anti-EGFR monoclonal antibody**

Indication

- **Encorafenib in combination with cetuximab: For patients with mCRC and a BRAF V600E mutation**

Recommended dose

- **300 mg orally once daily in combination with cetuximab**
- **400 mg/m^2 initial dose → 250 mg/m^2 weekly**

Encorafenib prescribing information. https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/210496s006lbl.pdf

Amanda K Wagner, APRN-CNP, AOCNP

47-year-old farmer who presented with BRAF-mutant widespread metastatic colon cancer

RTP
RESEARCH
TO PRACTICE

Dr Ciombor
Nashville, Tennessee

Clinical Research Background

- **Immunotherapy for microsatellite instability-high mCRC**
  - **KEYNOTE-177: Pembrolizumab**
  - **CheckMate 142: Ipilimumab/nivolumab**

Agenda

Introduction: The Oncology Clinical Trial Landscape

Module 1: Colorectal Cancer (CRC)

- Adjuvant therapy: Circulating tumor DNA (ctDNA) assays – **Signatera™**
- First-line treatment of metastatic CRC (mCRC); tumor-sidedness, biomarkers: **PARADIGM**
- HER2-positive mCRC: **MOUNTAINEER, DESTINY-CRC01**
- BRAF V600E-mutant mCRC: **BEACON CRC, ANCHOR**
- MSI-high mCRC: **KEYNOTE-177, CheckMate 142**

Module 2: Gastroesophageal (GE) Cancers

- Adjuvant immunotherapy: **CheckMate 577**
- First-line treatment of metastatic disease: **SPOTLIGHT, GLOW**
- First-line treatment of metastatic HER2-positive disease: **KEYNOTE-811**
- Later-line treatment of metastatic HER2-positive disease: **DESTINY-Gastric02, MOUNTAINEER-02**

RTP RESEARCH TO PRACTICE

Dr Ciombor
Nashville, Tennessee

Clinical Research Background

- **Adjuvant immunotherapy for GE cancers**
  - **CheckMate 577: Nivolumab**
    - **Patient selection**
    - **Management of immunotherapy-associated toxicities**

Adjuvant Nivolumab

Mechanism of action

- **Anti-PD-1 antibody**

Indication

- **For the adjuvant treatment of completely resected esophageal or gastroesophageal junction cancer with residual pathologic disease in patients who have received neoadjuvant chemoradiation therapy**

Recommended dose

- **240 mg IV infusion every 2 weeks or 480 mg IV infusion every 4 weeks for 16 weeks, then 480 mg every 4 weeks for total treatment duration of 1 year**

Nivolumab package insert, March 2022

Amanda K Wagner, APRN-CNP, AOCNP

55-year-old retired RN with locally advanced GE junction adenocarcinoma who received adjuvant nivolumab for residual disease after neoadjuvant carboplatin/paclitaxel

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TO PRACTICE

Dr Ciombor
Nashville, Tennessee

Clinical Research Background

- **First-line treatment of HER2-negative metastatic GE cancers**
  - **SPOTLIGHT: Zolbetuximab/mFOLFOX6**
  - **GLOW: Zolbetuximab/CAPOX**
  - **Addition of immune checkpoint inhibitor: PD-L1 level**

Zolbetuximab

Mechanism of action

- **Anti-CLDN18.2 antibody**

Indication

- **Investigational**

Pivotal clinical data

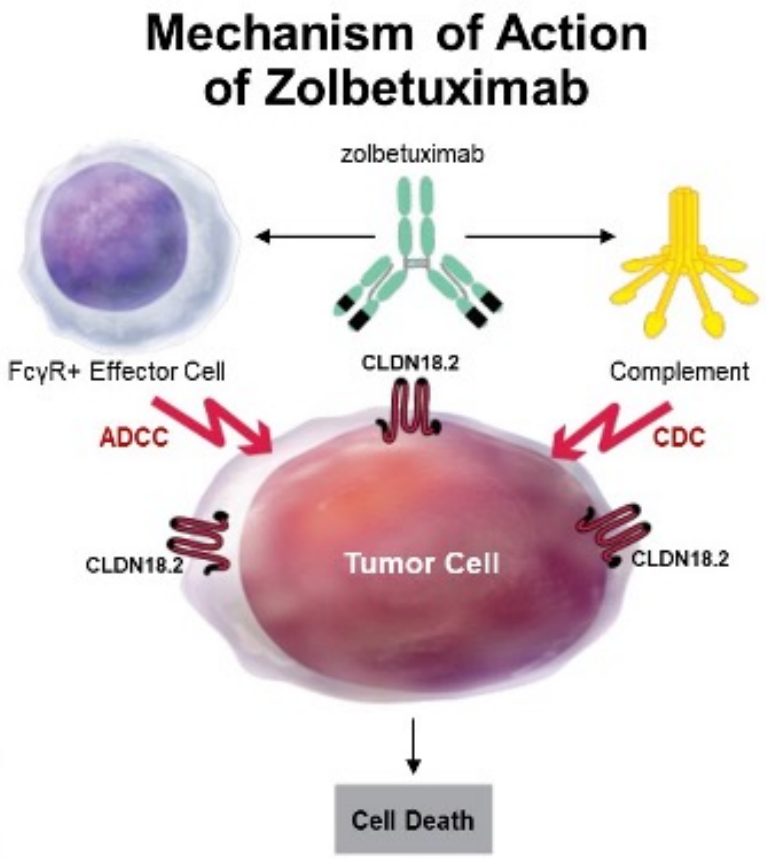
- **Phase III SPOTLIGHT[1] and GLOW[2] trials evaluating zolbetuximab in combination with either FOLFOX or CAPOX as first-line treatment for patients with HER2-negative locally advanced unresectable or metastatic gastric or GEJ cancers**

1. Shitara K et al. *Lancet* 2023;401:1655-68.

2. Shah M et al. ASCO Plenary Series, March 22, 2023;Abstract 405736.

Mechanism of Action of Zolbetuximab

- CLDN18.2 is a tight junction protein normally expressed in gastric mucosa cells and retained in G/GEJ adenocarcinoma[1–8]
- CLDN18.2 may become exposed on the surface of G/GEJ adenocarcinoma cells, making it a promising target[2–8]
- Zolbetuximab is a first-in-class chimeric IgG1 monoclonal antibody that targets CLDN18.2 and induces ADCC/CDC[4–8]
- In the phase 2b FAST study, EOX ± zolbetuximab prolonged survival in a subgroup of patients with higher expression of CLDN18.2 in tumor cells[8]
  - mPFS: 9.0 vs 5.7 months with zolbetuximab + EOX vs EOX alone
  - mOS: 16.5 vs 8.9 months with zolbetuximab + EOX vs EOX alone



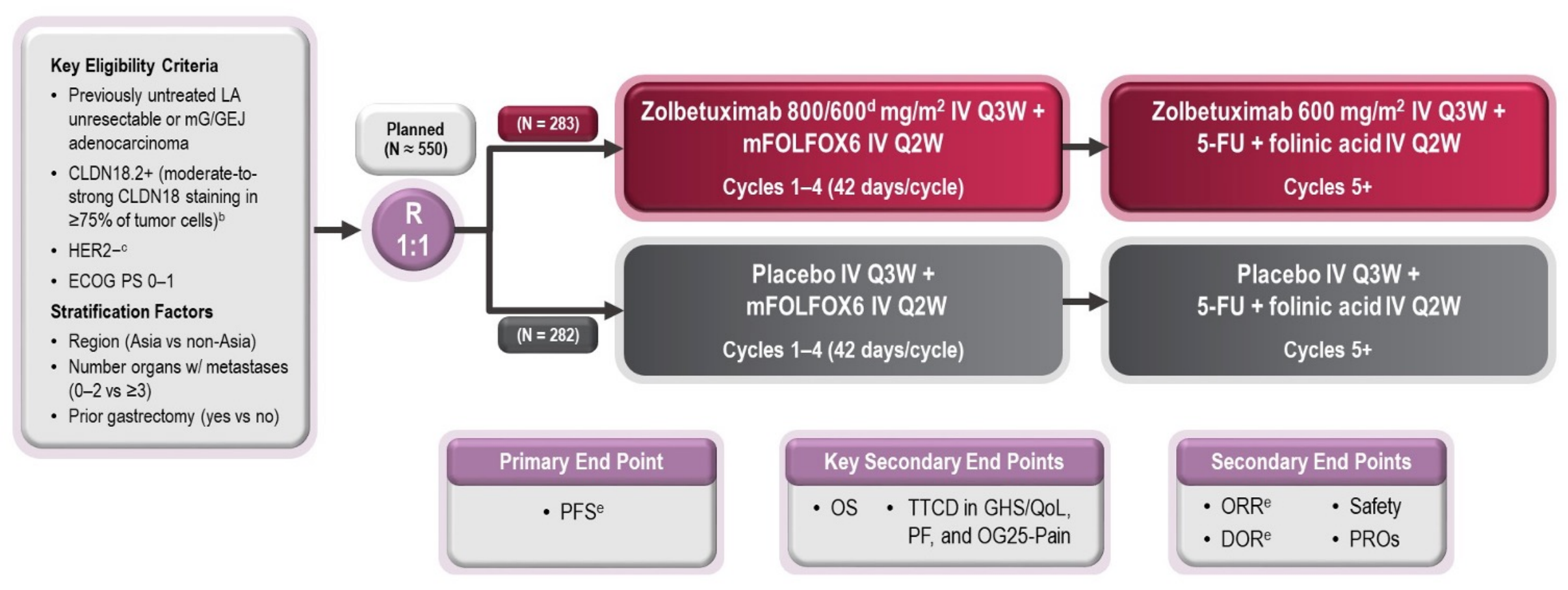
Shitara K et al. Gastrointestinal Cancers Symposium 2023;Abstract LBA292.

Zolbetuximab plus mFOLFOX6 in patients with CLDN18.2-positive, HER2-negative, untreated, locally advanced unresectable or metastatic gastric or gastro-oesophageal junction adenocarcinoma (SPOTLIGHT): a multicentre, randomised, double-blind, phase 3 trial

Kohei Shitara, Florian Lordick, Yung-Jue Bang, Peter Enzinger, David Ilson, Manish A Shah, Eric Van Cutsem, Rui-Hua Xu, Giuseppe Aprile, Jianming Xu, Joseph Chao, Roberto Pazo-Cid, Yoon-Koo Kang, Jianning Yang, Diarmuid Moran, Pranob Bhattacharya, Ahsan Arozullah, Jung Wook Park, Mok Oh, Jaffer A Ajani

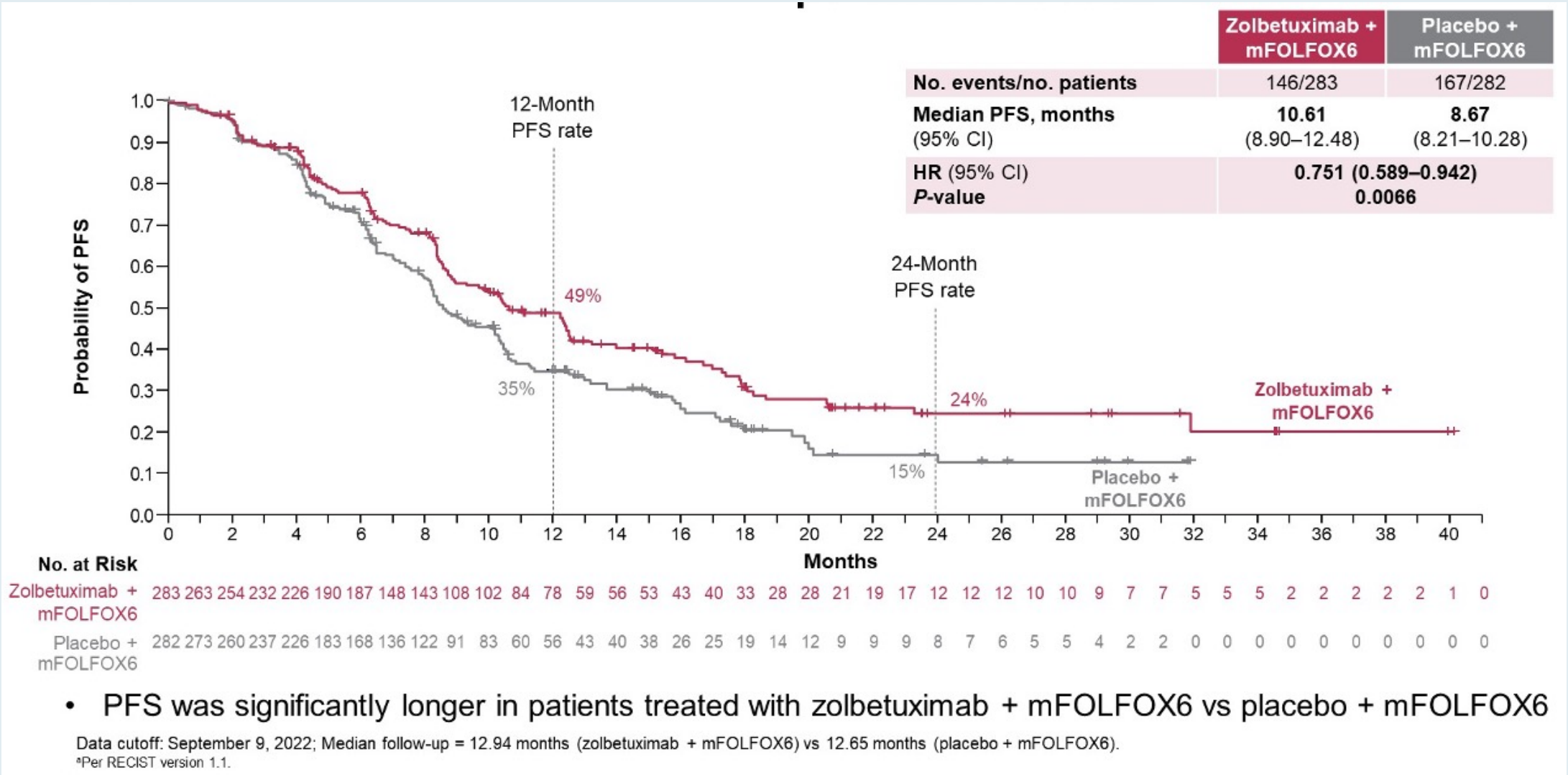
***Lancet* 2023;401:1655-68.**

SPOTLIGHT: Phase III Study Design



Shitara K et al. Gastrointestinal Cancers Symposium 2023;Abstract LBA292.

SPOTLIGHT: Progression-Free Survival (Primary Endpoint)



- PFS was significantly longer in patients treated with zolbetuximab + mFOLFOX6 vs placebo + mFOLFOX6

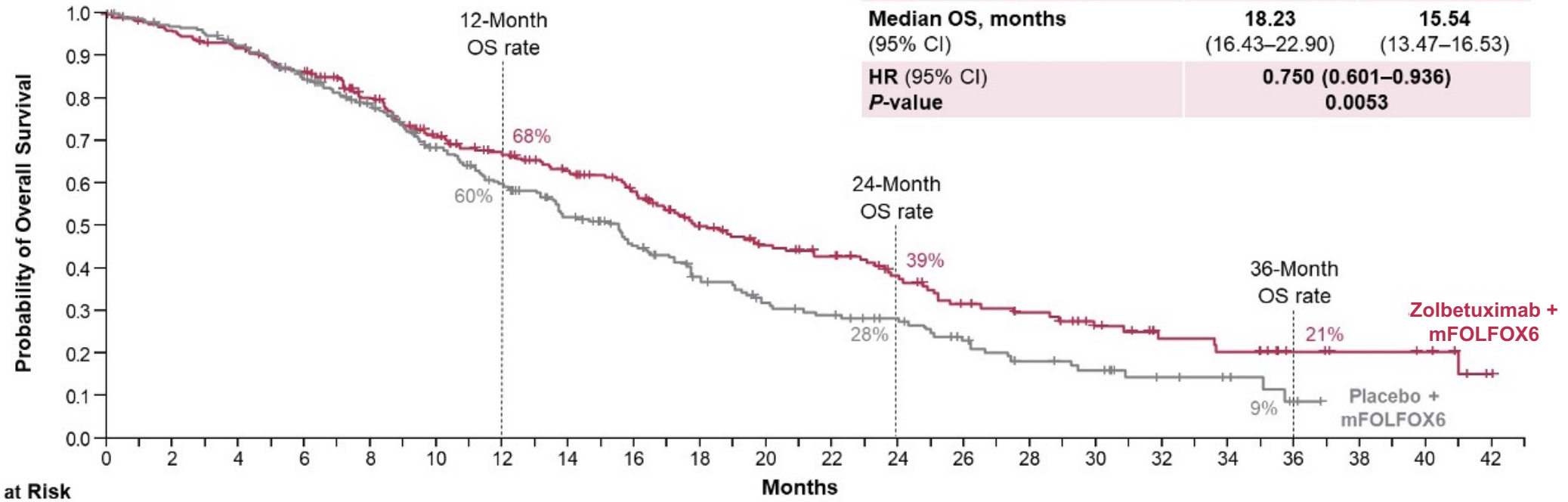
Data cutoff: September 9, 2022; Median follow-up = 12.94 months (zolbetuximab + mFOLFOX6) vs 12.65 months (placebo + mFOLFOX6).

[a]Per RECIST version 1.1.

Shitara K et al. Gastrointestinal Cancers Symposium 2023;Abstract LBA292. Shitara K et al. *Lancet* 2023;401:1655-68.

SPOTLIGHT: Overall Survival (Key Secondary Endpoint)

	Zolbetuximab + mFOLFOX6	Placebo + mFOLFOX6
No. events/no. patients	149/283	177/282
Median OS, months (95% CI)	**18.23** (16.43–22.90)	**15.54** (13.47–16.53)
HR (95% CI)	**0.750 (0.601–0.936)**	
***P*-value**	**0.0053**	



No. at Risk

Zolbetuximab + mFOLFOX6	283	270	264	255	251	241	233	217	196	178	164	152	146	135	125	117	107	93	83	75	70	67	62	58	49	42	34	32	30	27	23	20	15	15	13	13	9	8	7	7	6	4	1	0
Placebo + mFOLFOX6	282	277	271	266	253	242	224	210	197	183	164	152	139	129	108	101	85	77	64	60	49	42	40	36	34	30	25	21	18	17	15	9	8	7	6	5	2	0	0	0	0	0	0	0

- OS was significantly longer in patients treated with zolbetuximab + mFOLFOX6 vs placebo + mFOLFOX6

Data cutoff: September 9, 2022; Median follow-up = 22.14 months (zolbetuximab + mFOLFOX6) vs 20.93 months (placebo + mFOLFOX6).

Shitara K et al. *Lancet* 2023;401:1655-68.

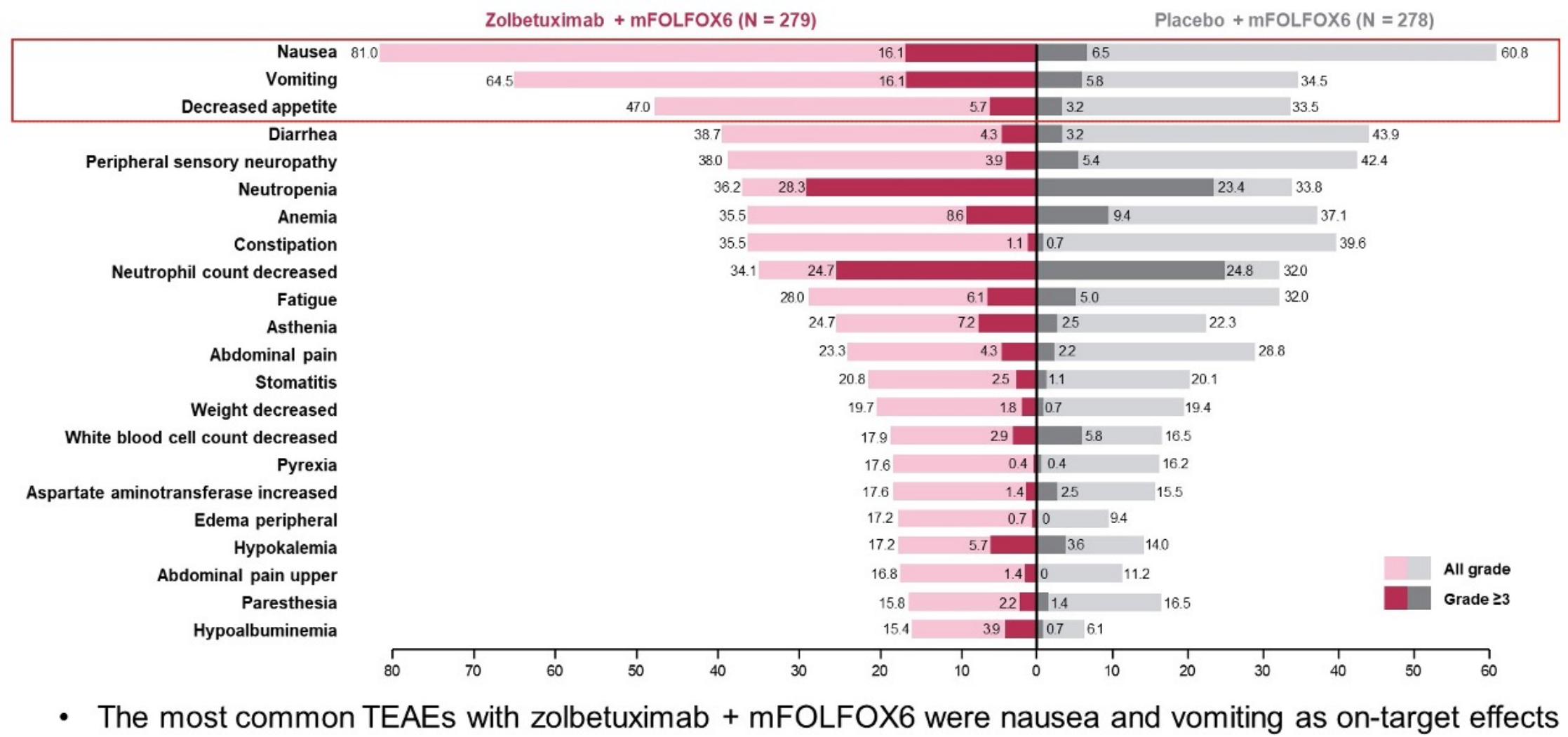
SPOTLIGHT: Response Rates (Key Secondary Endpoint)

	Zolbetuximab + mFOLFOX6 (N = 211)	Placebo + mFOLFOX6 (N = 211)
Patients[a], n	128	131
ORR[b], % (95% CI)	60.7 (53.72–67.30)	62.1 (55.17–68.66)
BOR[c,d], n (%)		
CR	12 (5.7)	7 (3.3)
PR	116 (55.0)	124 (58.8)
SD	45 (21.3)	52 (24.6)
PD	14 (6.6)	14 (6.6)
Median DOR[b], months, (95% CI)	8.51 (6.80–10.25)	8.11 (6.47–11.37)
3rd quartile, months (95% CI)	29.9 (10.41–NE)	15.5 (13.27–NE)

- Response rates were similar between treatment arms
- Formal analysis of PROs is pending
  - Initial descriptive analysis did not indicate differences between treatment arms

Shitara K et al. Gastrointestinal Cancers Symposium 2023;Abstract LBA292.

SPOTLIGHT: TEAEs Occurring in ≥15% of All Treated Patients

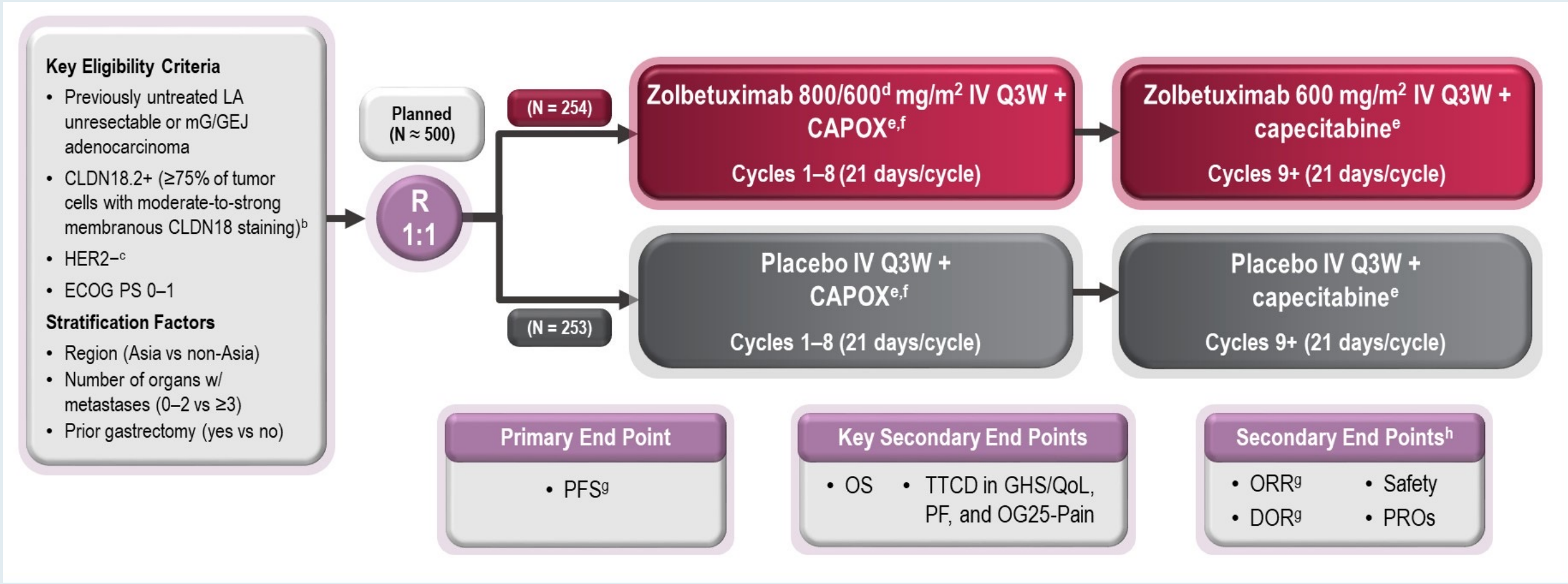


- The most common TEAEs with zolbetuximab + mFOLFOX6 were nausea and vomiting as on-target effects

TEAEs = treatment-emergent adverse events

Shitara K et al. Gastrointestinal Cancers Symposium 2023;Abstract LBA292.

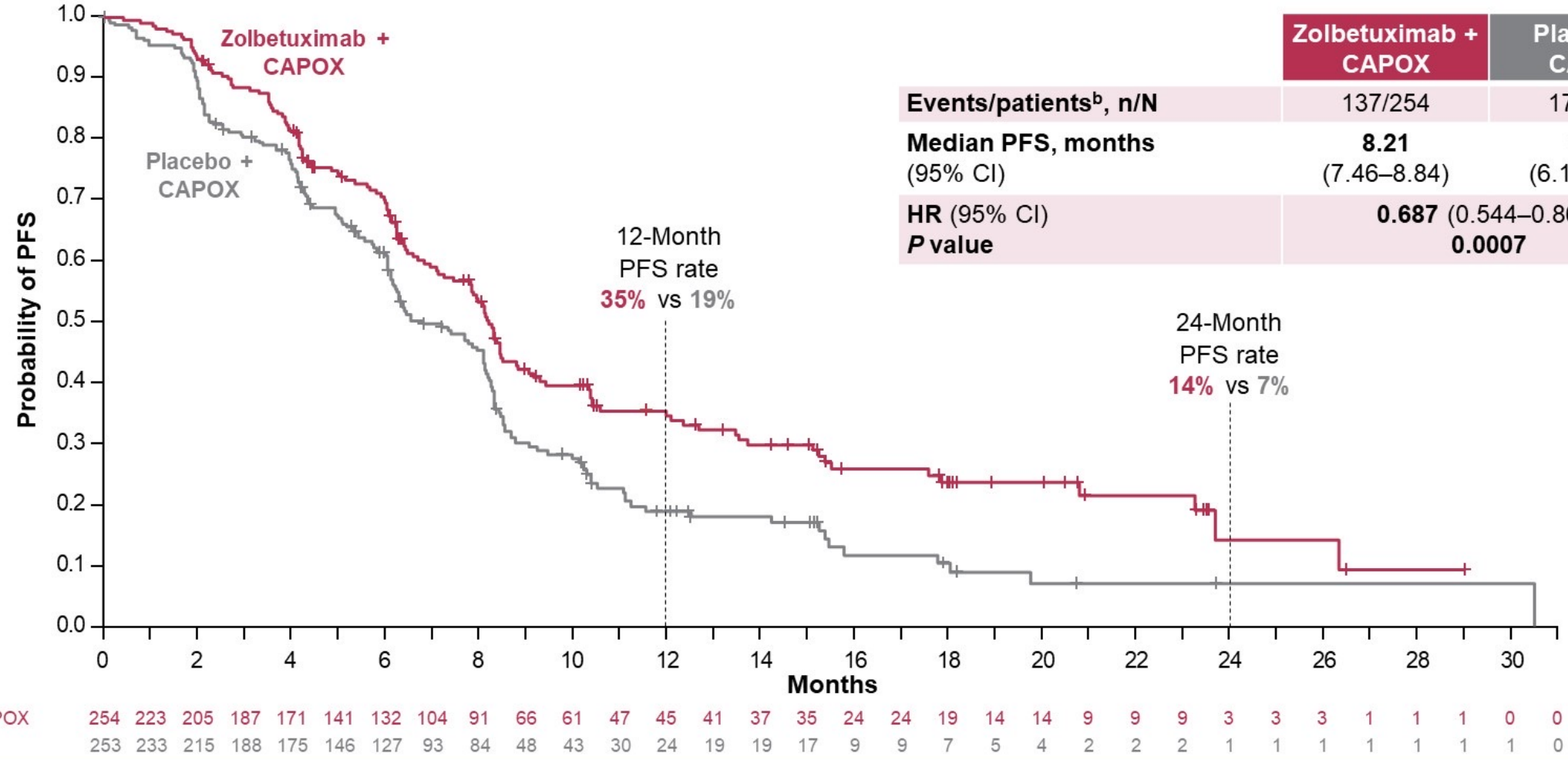
GLOW: A Phase III Study of First-Line Zolbetuximab and CAPOX for Claudin 18.2-Positive, HER2-Negative Advanced Gastric or Gastroesophageal Junction Adenocarcinoma



Shah M et al. ASCO Plenary Series, March 22, 2023;Abstract 405736.

RTP RESEARCH TO PRACTICE

GLOW: Progression-Free Survival (PFS) by Independent Review Committee (Primary Endpoint)



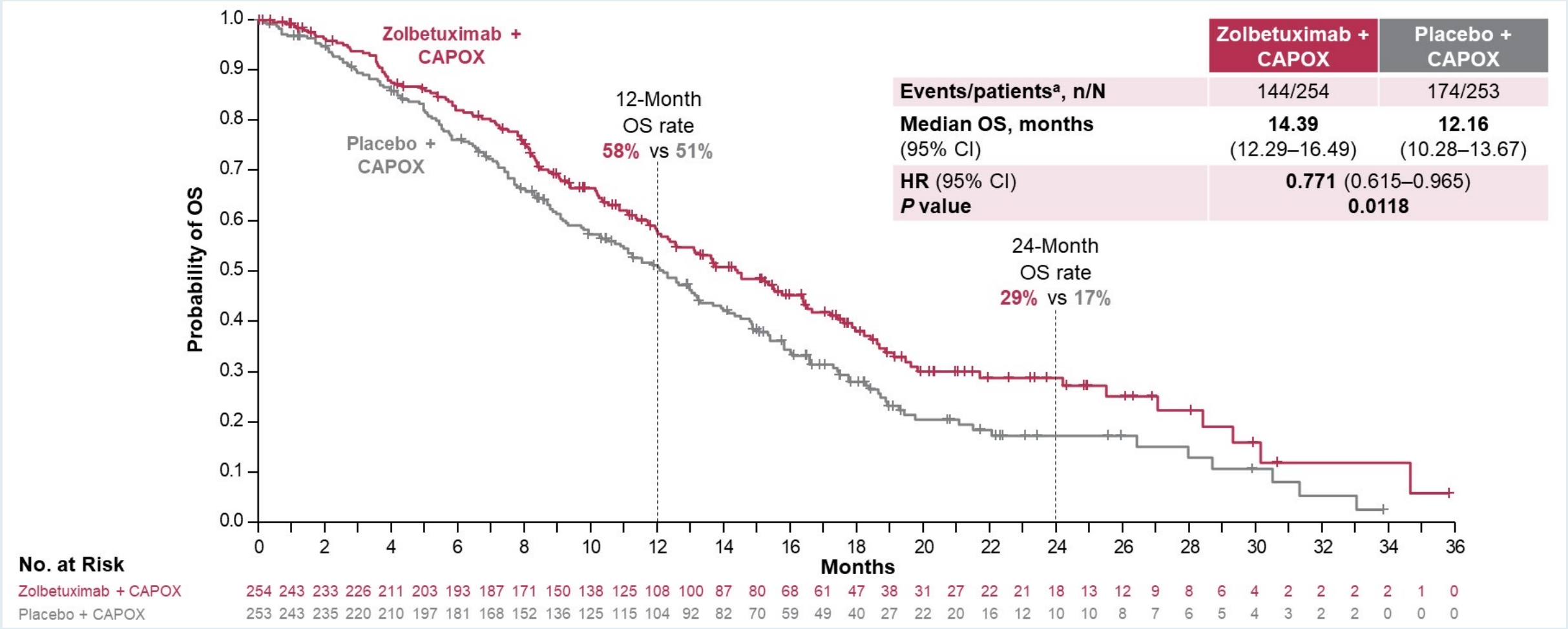
	Zolbetuximab + CAPOX	Placebo + CAPOX
Events/patients[b], n/N	137/254	172/253
Median PFS, months (95% CI)	**8.21** (7.46–8.84)	**6.80** (6.14–8.08)
HR (95% CI)	**0.687** (0.544–0.866)	
***P* value**	**0.0007**	

No. at Risk

Zolbetuximab + CAPOX	254	223	205	187	171	141	132	104	91	66	61	47	45	41	37	35	24	24	19	14	14	9	9	9	3	3	3	1	1	1	0	0
Placebo + CAPOX	253	233	215	188	175	146	127	93	84	48	43	30	24	19	19	17	9	9	7	5	4	2	2	2	1	1	1	1	1	1	1	0

Shah M et al. ASCO Plenary Series, March 22, 2023;Abstract 405736.

GLOW: Overall Survival (Key Secondary Endpoint)



	Zolbetuximab + CAPOX	Placebo + CAPOX
Events/patients[a], n/N	144/254	174/253
Median OS, months (95% CI)	**14.39** (12.29–16.49)	**12.16** (10.28–13.67)
HR (95% CI)	**0.771** (0.615–0.965)	
***P* value**	**0.0118**	

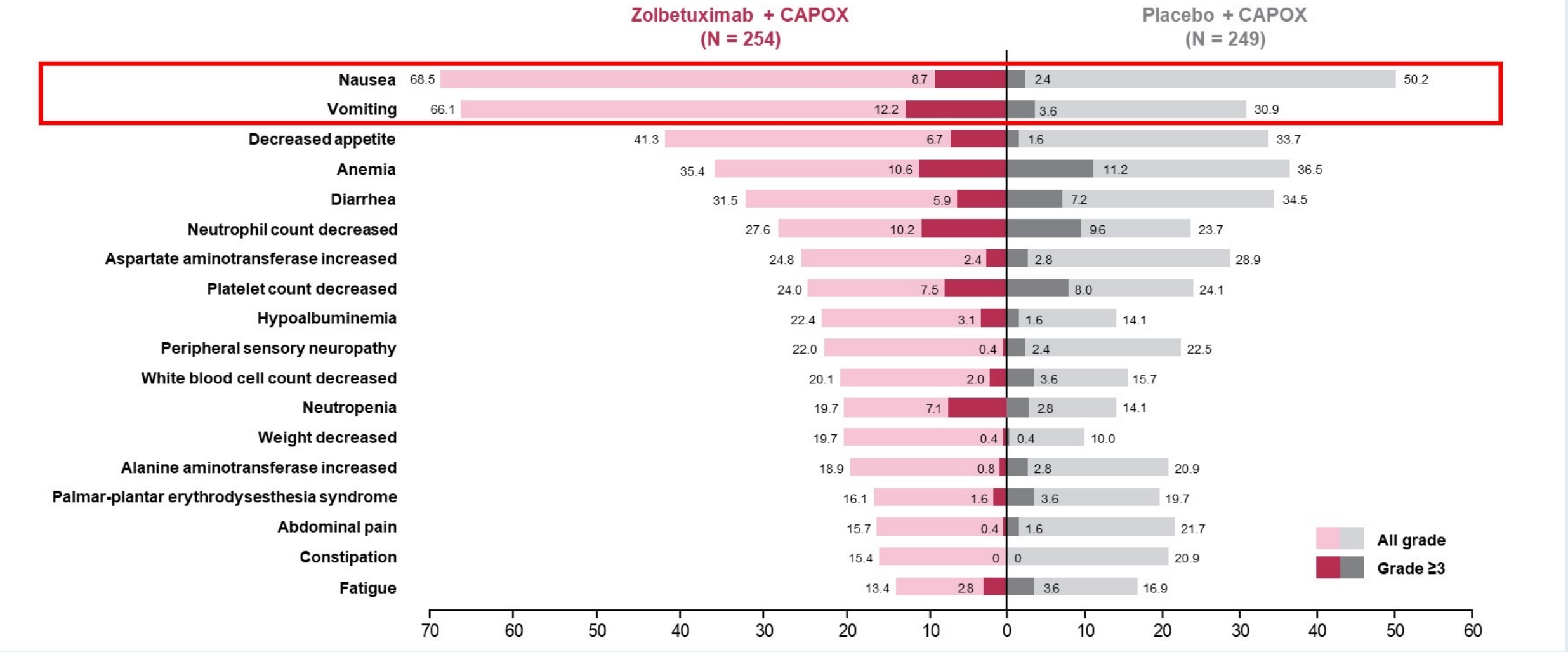
Shah M et al. ASCO Plenary Series, March 22, 2023;Abstract 405736.

GLOW: Response Rates (Key Secondary Endpoint)

	Zolbetuximab + CAPOX (N = 195)	Placebo + CAPOX (N = 205)
ORR[b], n (%)	105 (53.8)	100 (48.8)
95% CI	46.58–60.99	41.76–55.84
BOR[c,d], n (%)		
CR	6 (3.1)	3 (1.5)
PR	99 (50.8)	97 (47.3)
SD	46 (23.6)	57 (27.8)
PD	10 (5.1)	25 (12.2)
Median DOR[b,e], months (95% CI)	6.28 (5.39–8.28)	6.18 (4.53–6.41)

Shah M et al. ASCO Plenary Series, March 22, 2023;Abstract 405736.

GLOW: TEAEs Occurring in ≥15% of All Patients Who Received Treatment



Shah M et al. ASCO Plenary Series, March 22, 2023;Abstract 405736.

Dr Ciombor
Nashville, Tennessee

Clinical Research Background

- **Selection of first-line therapy for metastatic HER2-positive GE cancer**
  - **KEYNOTE-811: Pembrolizumab/trastuzumab/chemotherapy**

Dr Ciombor
Nashville, Tennessee

Clinical Research Background

- **Selection of second-line therapy for metastatic HER2-positive GE cancer**
  - **DESTINY-Gastric02: Trastuzumab deruxtecan**
  - **MOUNTAINEER-02: Tucatinib/trastuzumab + ramucirumab/paclitaxel**

Trastuzumab Deruxtecan: Gastroesophageal Cancer

Mechanism of action

- **Antibody-drug conjugate directed against HER2**

Indication

- **For patients with locally advanced or metastatic HER2-positive gastric or gastroesophageal junction (GEJ) adenocarcinoma who have received a prior trastuzumab-based regimen**

Recommended dose

- **6.4 mg/kg IV infusion q3wk until disease progression or unacceptable toxicity**

Trastuzumab deruxtecan package insert, 11/2022.

RTP RESEARCH TO PRACTICE

Tucatinib and Trastuzumab: Gastroesophageal Cancer

Mechanism of action

- **Tucatinib – HER2 tyrosine kinase inhibitor**
- **Trastuzumab – anti-HER2 monoclonal antibody**

Indication

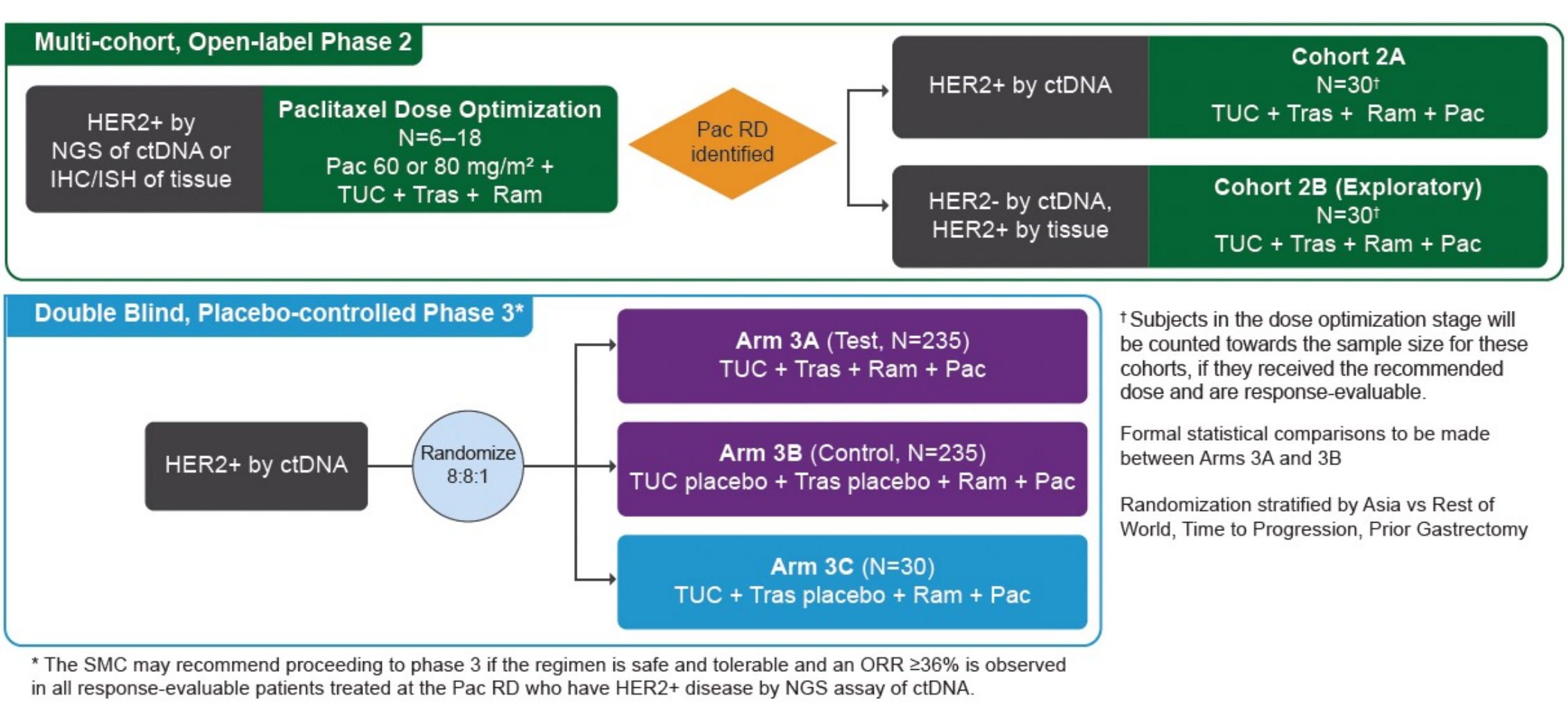
- **Investigational**

Ongoing clinical trial

- **Phase II/III MOUNTAINEER-02 evaluating the addition of tucatinib and trastuzumab to ramucirumab and paclitaxel for patients with previously treated HER2-positive gastric and esophageal cancers**

Catenacci DV et al. ESMO 2021;Abstract 1434TiP.

MOUNTAINEER-02 Phase II/III Study Design



NGS = next-generation sequencing; TUC = tucatinib; Tras = trastuzumab; Ram = ramucirumab; Pac = paclitaxel; RD = recommended dose; ctDNA = circulating tumor DNA

Catenacci DV et al. ESMO 2021;Abstract 1434TiP.

Amanda K Wagner, APRN-CNP, AOCNP

A man in his 60s initially diagnosed with metastatic HER2-positive GEJ cancer in 2014, s/p multiple lines of treatment, including FOLFOX/trastuzumab, paclitaxel/trastuzumab and ramucirumab, who is currently receiving trastuzumab deruxtecan

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APPENDIX

Colorectal Cancer

RTP
RESEARCH
TO PRACTICE

2022 ASCO® ANNUAL MEETING

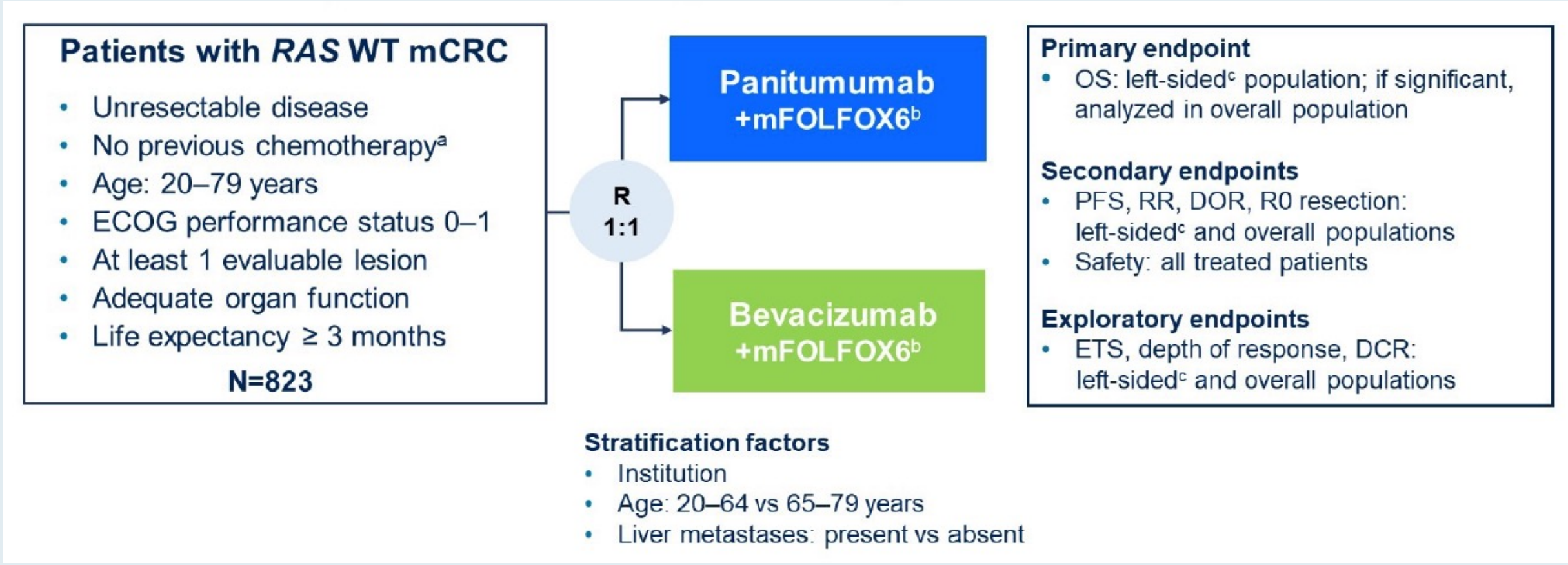
Abstract LBA1

Panitumumab plus mFOLFOX6 versus Bevacizumab plus mFOLFOX6 as first-line treatment in patients with *RAS* wild-type metastatic colorectal cancer: results from the phase 3 PARADIGM trial

Takayuki Yoshino[1], Jun Watanabe[2], Kohei Shitara[1], Kentaro Yamazaki[3], Hisatsugu Ohori[4], Manabu Shiozawa[5], Hirofumi Yasui[4], Eiji Oki[6], Takeo Sato[7], Takeshi Naitoh[8], Yoshito Komatsu[9], Takeshi Kato[10], Masamitsu Hihara[11], Junpei Soeda[11], Kouji Yamamoto[12], Kiwamu Akagi[13], Atsushi Ochiai[14], Hiroyuki Uetake[15], Katsuya Tsuchihara[16], Kei Muro[17]

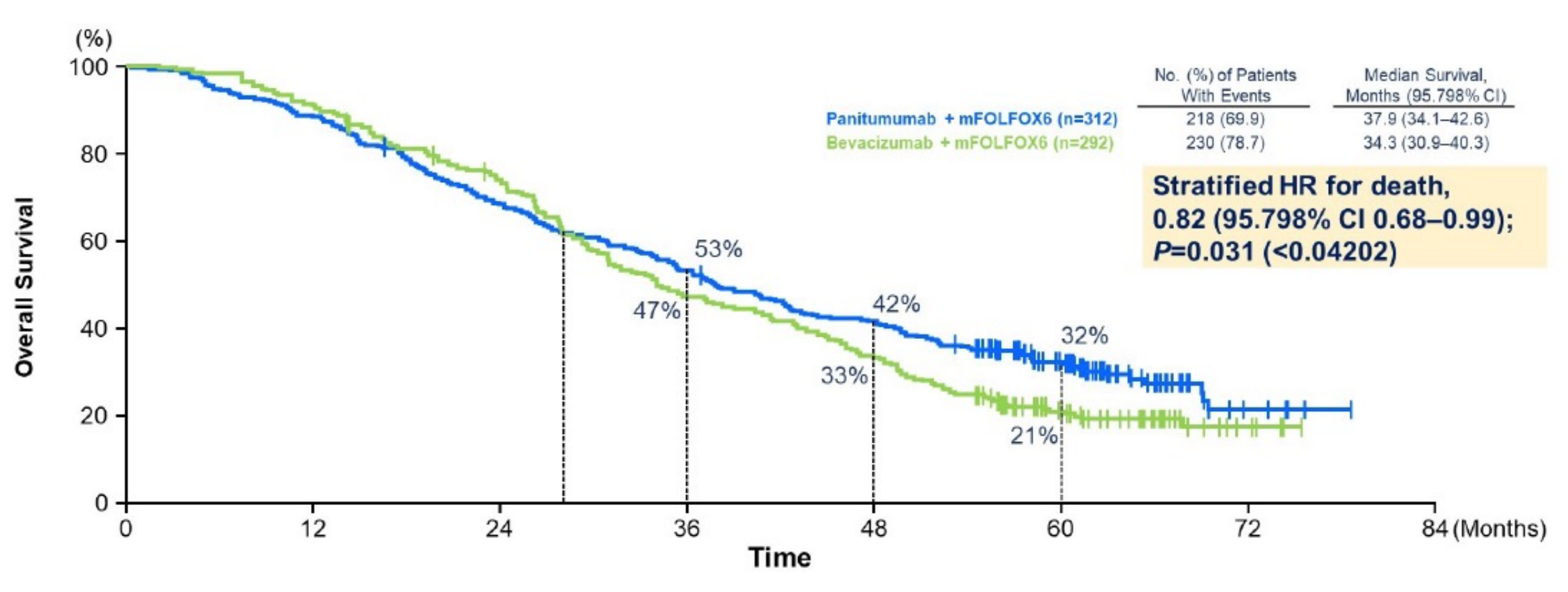
RTP RESEARCH TO PRACTICE

PARADIGM: Phase III Study Design



Yoshino T et al. ASCO 2022;Abstract LBA1.

PARADIGM: Overall Survival in Population with Left-Sided Disease (Primary Endpoint 1)



Yoshino T et al. ASCO 2022;Abstract LBA1.

RTP RESEARCH TO PRACTICE

Article

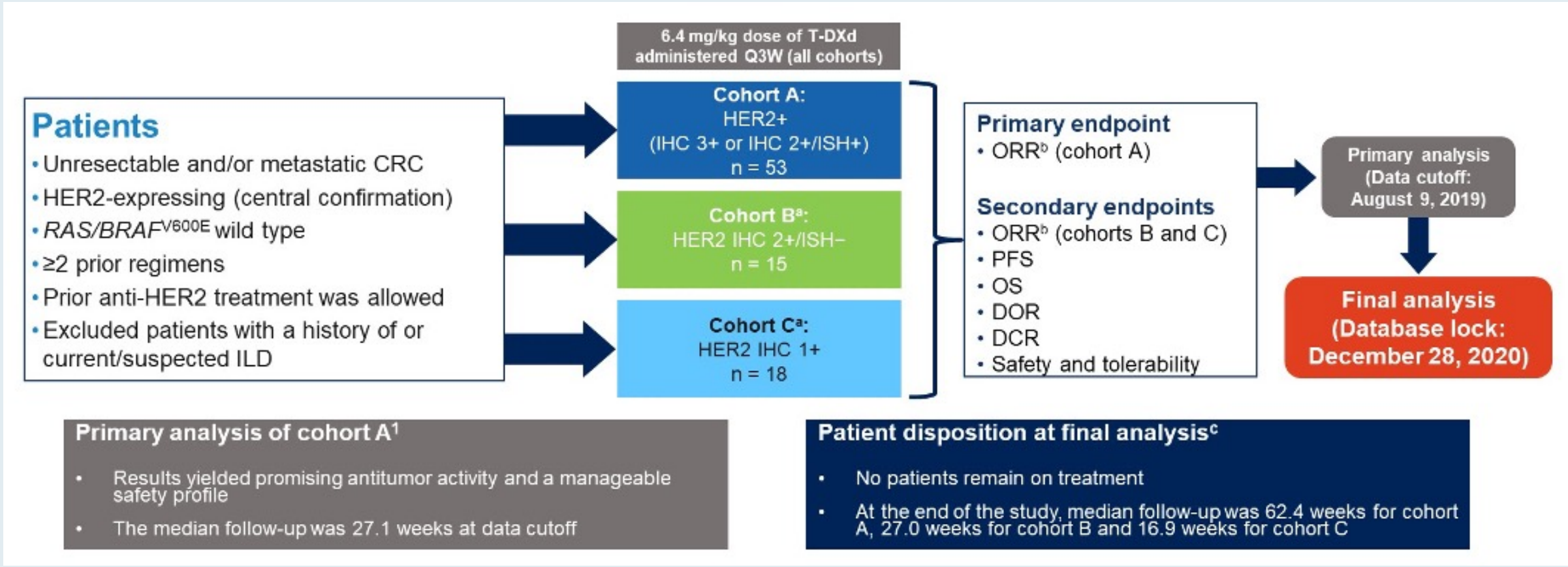
https://doi.org/10.1038/s41467-023-38032-4

Final results of DESTINY-CRC01 investigating trastuzumab deruxtecan in patients with HER2-expressing metastatic colorectal cancer

Takayuki Yoshino[1], Maria Di Bartolomeo[2], Kanwal Raghav[3], Toshiki Masuishi[4], Fotios Loupakis[5], Hisato Kawakami[6], Kensei Yamaguchi[7], Tomohiro Nishina[8], Zev Wainberg[9], Elena Elez[10], Javier Rodriguez[11], Marwan Fakih[12], Fortunato Ciardiello[13], Kapil Saxena[14], Kojiro Kobayashi[14], Emarjola Bako[14], Yasuyuki Okuda[15], Gerold Meinhardt[14], Axel Grothey[16], Salvatore Siena[17,18] ✉ & DESTINY-CRC01 investigators*

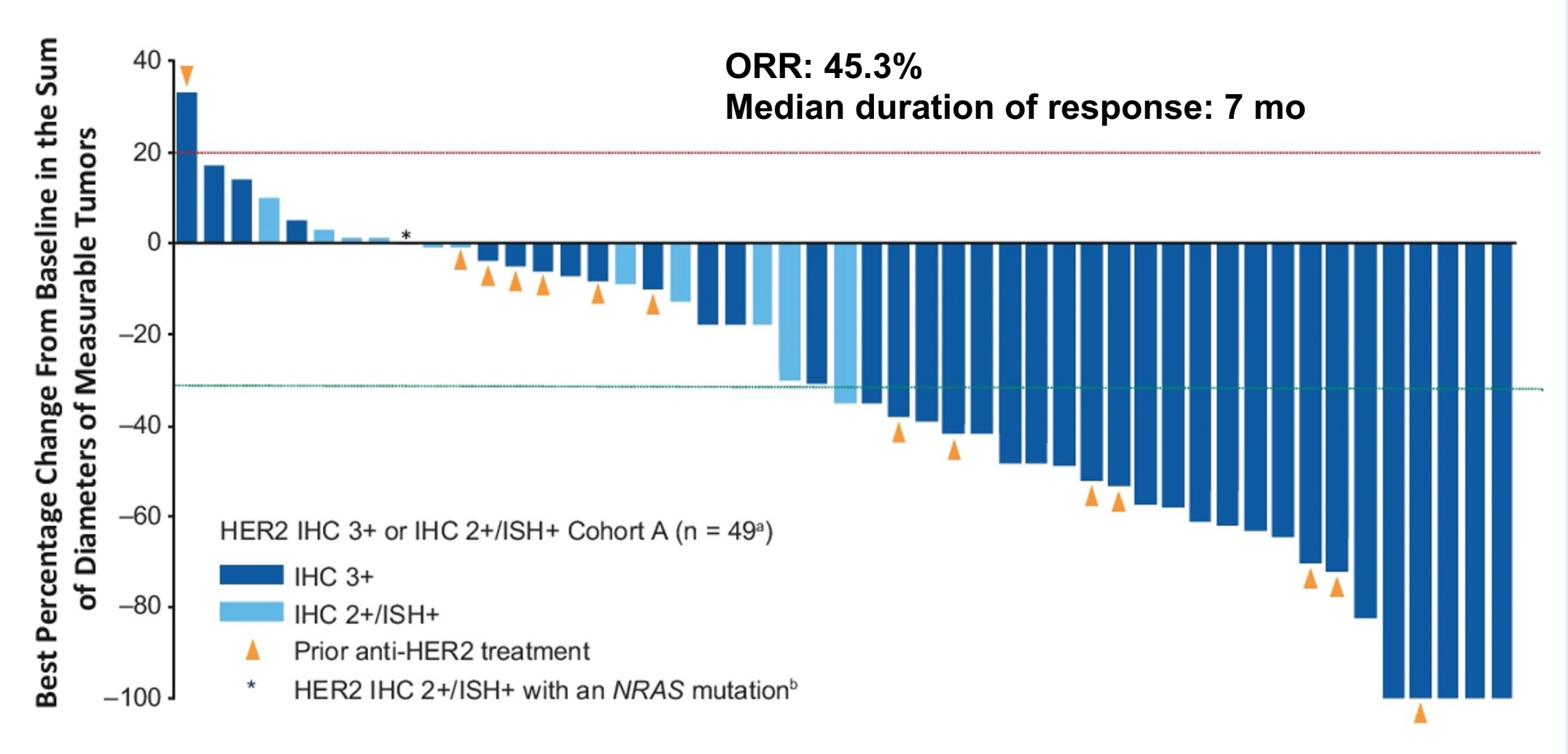
Nat Commun 2023 June 7;[Online ahead of print].

DESTINY-CRC01 Phase II Study Design



Yoshino T et al. Gastrointestinal Cancers Symposium 2022;Abstract 119.

DESTINY-CRC01 Primary Endpoint: Objective Response Rate (ORR) in Cohort A (IHC 3+ or IHC 2+/ISH+, N = 53)



Yoshino T et al. *Nat Comm* 2023;[Online ahead of print].

RTP RESEARCH TO PRACTICE

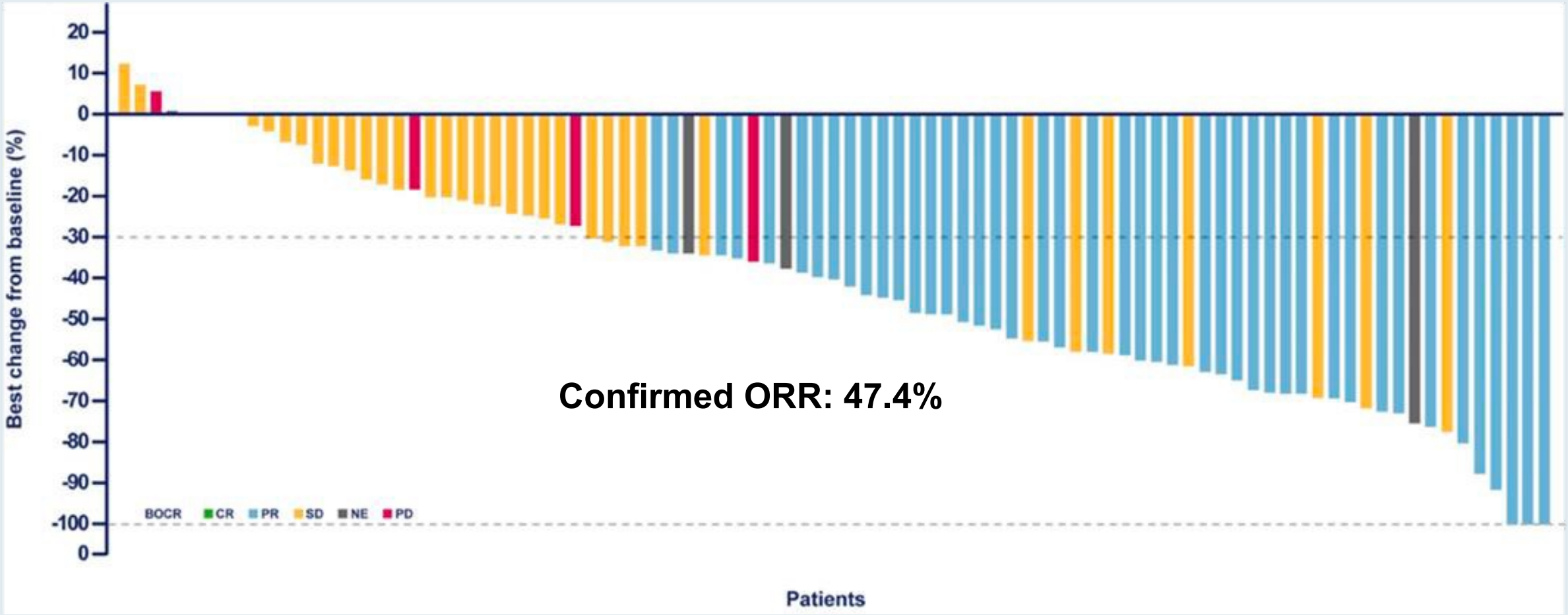
original reports

ANCHOR CRC: Results From a Single-Arm, Phase II Study of Encorafenib Plus Binimetinib and Cetuximab in Previously Untreated *BRAF*^{V600E}-Mutant Metastatic Colorectal Cancer

Eric Van Cutsem, MD, PhD[1]; Julien Taieb, MD, PhD[2]; Rona Yaeger, MD[3]; Takayuki Yoshino, MD[4]; Axel Grothey, MD[5]; Evaristo Maiello, MD[6]; Elena Elez, MD, PhD[7]; Jeroen Dekervel, MD[1]; Paul Ross, MD[8]; Ana Ruiz-Casado, MD, PhD[9]; Janet Graham, MD, PhD[10]; Takeshi Kato, MD[11]; Jose C. Ruffinelli, MD[12]; Thierry André, MD[13]; Edith Carrière Roussel, PhD[14]; Isabelle Klauck, MD[15]; Mélanie Groc, MSc[14]; Jean-Claude Vedovato, MD[14]; and Josep Tabernero, MD, PhD[16]

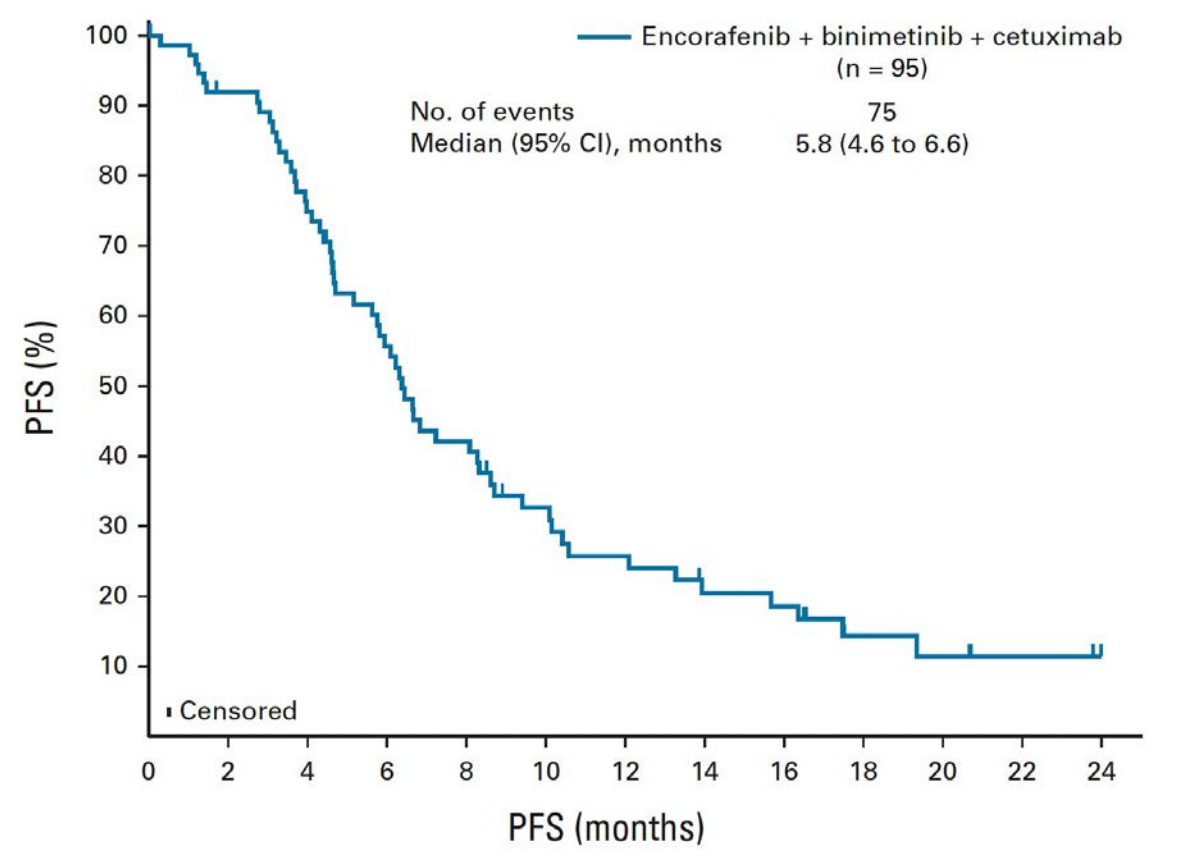
J Clin Oncol 2023 February 10;[Online ahead of print].

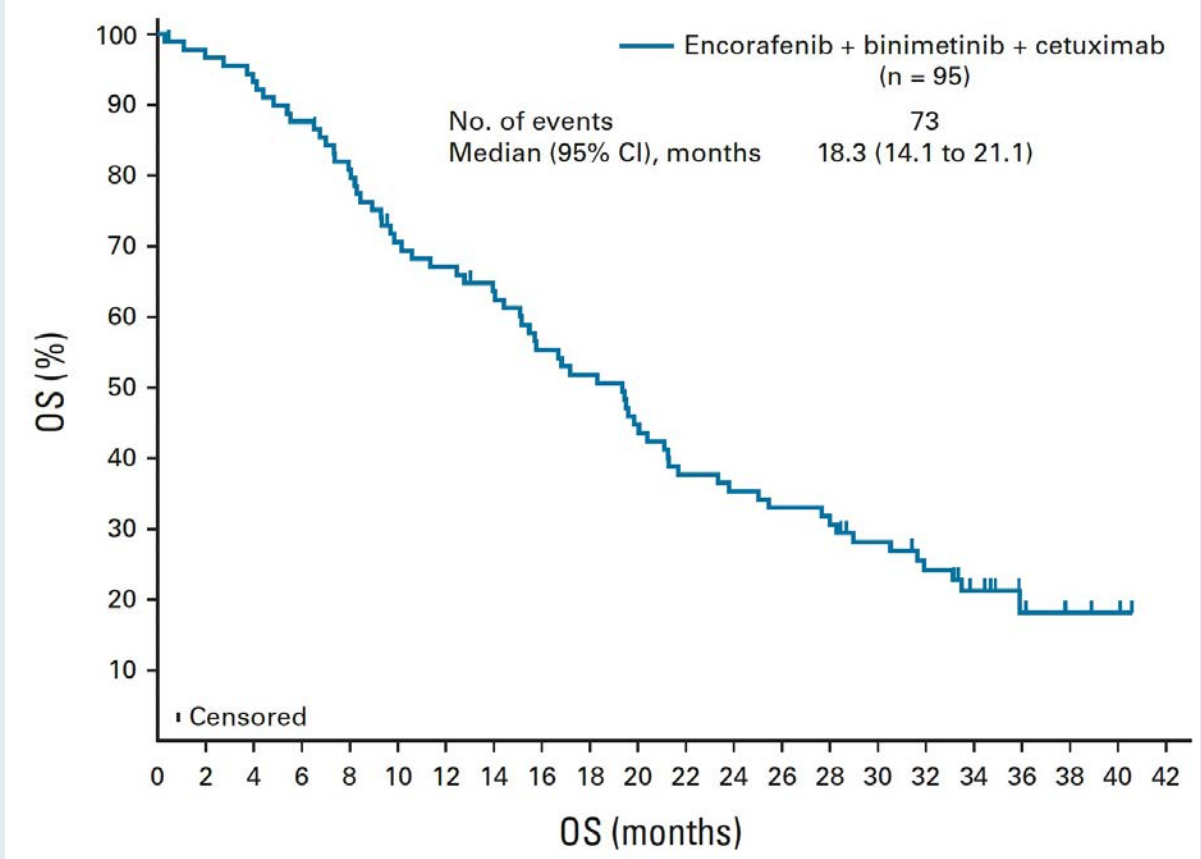
ANCHOR CRC: Response



Van Cutsem E et al. *J Clin Oncol* 2023 February 10;[Online ahead of print].

ANCHOR CRC: Survival Analyses





Van Cutsem E et al. *J Clin Oncol* 2023 February 10;[Online ahead of print].

RTP RESEARCH TO PRACTICE

Pembrolizumab: Colorectal Cancer

Mechanism of action

- **Anti-PD-1 antibody**

Indication

- **For patients with unresectable or metastatic MSI-H or dMMR colorectal cancer as determined by an FDA-approved test**

Recommended dose

- **200 mg every 3 weeks or 400 mg every 6 weeks**

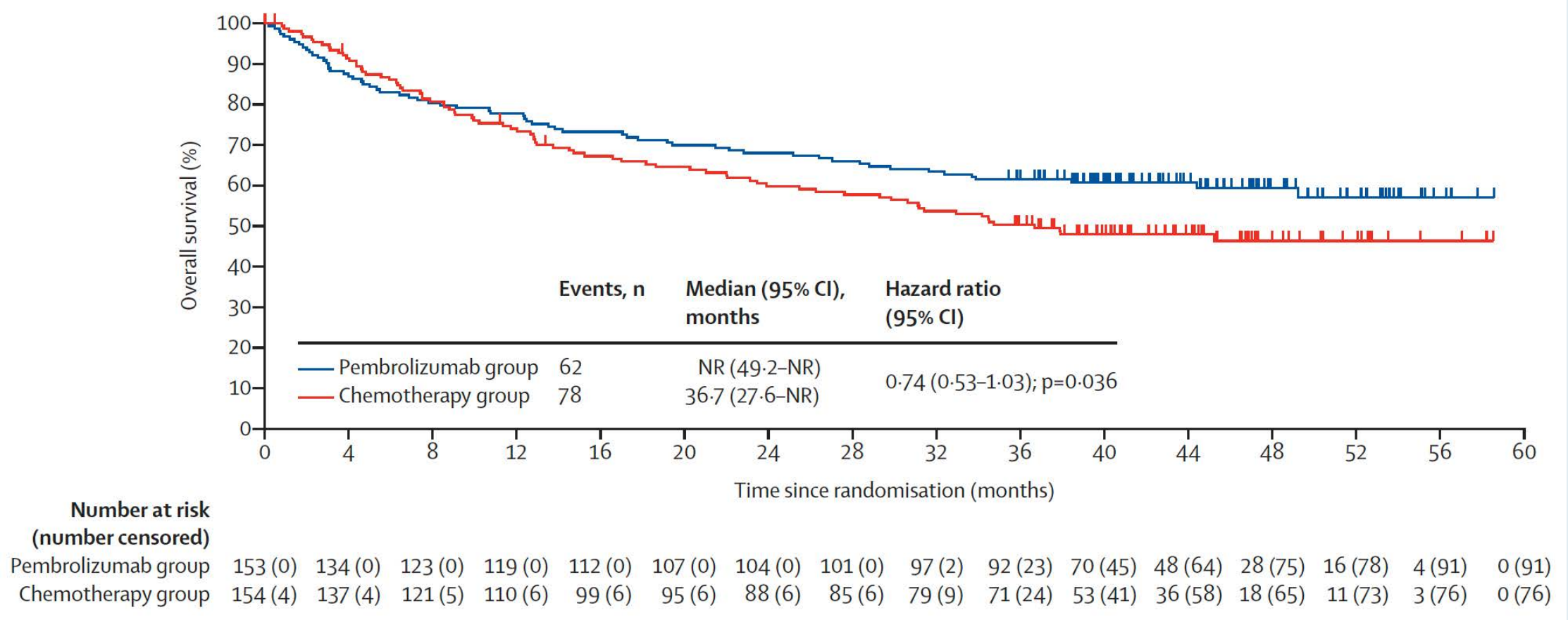
Pembrolizumab prescribing information. https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/125514s128lbl.pdf

Lancet Oncol 2022 April 12;23:659-70.

Pembrolizumab versus chemotherapy for microsatellite instability-high or mismatch repair-deficient metastatic colorectal cancer (KEYNOTE-177): final analysis of a randomised, open-label, phase 3 study

*Luis A Diaz Jr, Kai-Keen Shiu, Tae-Won Kim, Benny Vittrup Jensen, Lars Henrik Jensen, Cornelis Punt, Denis Smith, Rocio Garcia-Carbonero, Manuel Benavides, Peter Gibbs, Christelle de la Fourchardiere, Fernando Rivera, Elena Elez, Dung T Le, Takayuki Yoshino, Wen Yan Zhong, David Fogelman, Patricia Marinello, Thierry Andre, on behalf of the KEYNOTE-177 Investigators**

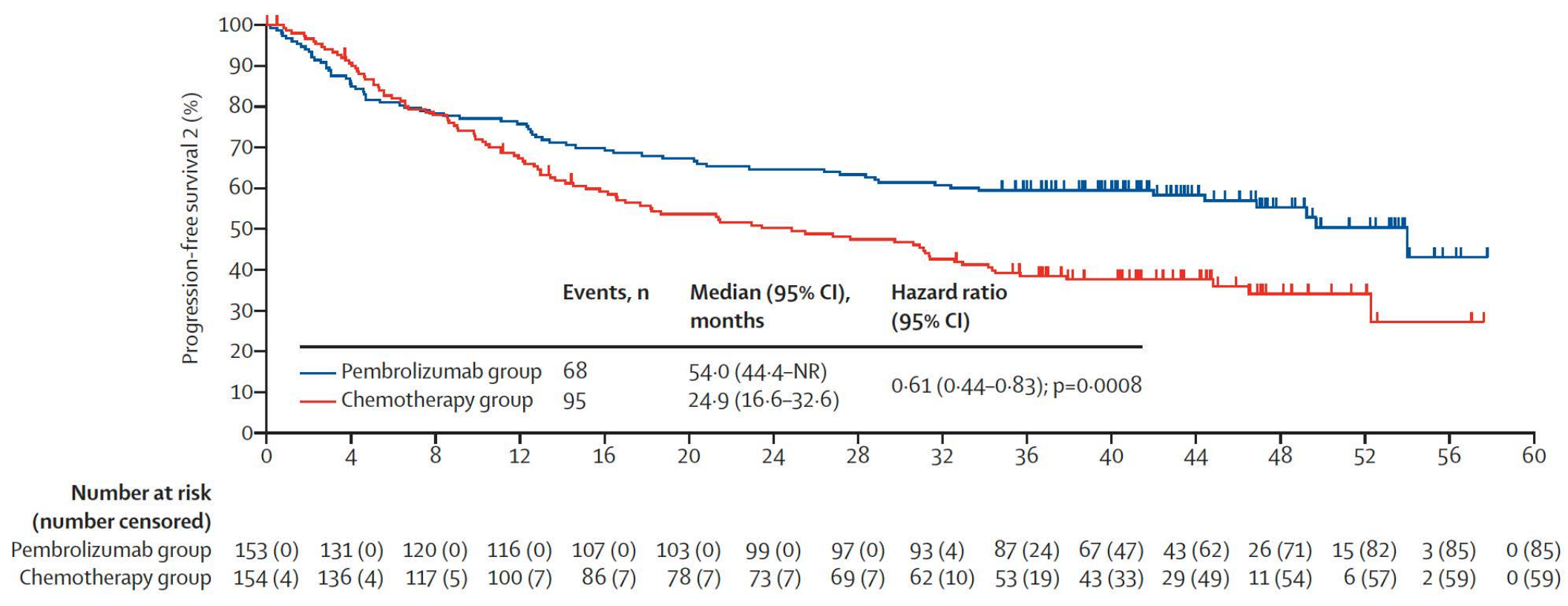
KEYNOTE-177 Coprimary Endpoint: Final Analysis of Overall Survival (ITT Population)



At final analysis, OS with pembrolizumab versus chemotherapy did not meet the one-sided α boundary of 0.025 required for superiority.

Diaz LA Jr et al. *Lancet Oncol* 2022 April 12;23:659-70.

KEYNOTE-177: Time to Disease Progression (PFS2)



At the final analysis, median PFS was longer with pembrolizumab (16.5 mo) than with chemotherapy (8.2 mo); however, because superiority was met at the second interim analysis, superiority was not formally tested at the final analysis (HR 0.59).

Diaz LA Jr et al. *Lancet Oncol* 2022 April 12;23:659-70.

RTP RESEARCH TO PRACTICE

KEYNOTE-177: Select Adverse Events of Interest

Adverse event (%)	Pembrolizumab (n = 153)			Chemotherapy (n = 143)		
	Grade 1-2	Grade 3	Grade 4	Grade 1-2	Grade 3	Grade 4
Hypothyroidism	22	8	1	12	2	0
Colitis	12	0	0	3	0	0
Pneumonitis	4	0	0	1	0	0
Adrenal insufficiency	1	1	0	0	0	0
Hepatitis	0	3	0	0	0	0
Severe skin reactions	0	1	0	0	2	0
Thyroiditis	1	0	0	0	0	0

Diaz LA Jr et al. *Lancet Oncol* 2022 April 12;23:659-70.

original reports

First-Line Nivolumab Plus Low-Dose Ipilimumab for Microsatellite Instability-High/ Mismatch Repair-Deficient Metastatic Colorectal Cancer: The Phase II CheckMate 142 Study

Heinz-Josef Lenz, MD[1]; Eric Van Cutsem, MD, PhD[2]; Maria Luisa Limon, MD[3]; Ka Yeung Mark Wong, PhD[4]; Alain Hendlisz, MD, PhD[5]; Massimo Aglietta, MD, PhD[6]; Pilar García-Alfonso, MD[7]; Bart Neyns, MD, PhD[8]; Gabriele Luppi, MD[9]; Dana B. Cardin, MD[10]; Tomislav Dragovich, MD, PhD[11]; Usman Shah, MD[12]; Sandzhar Abdullaev, MD, PhD[13]; Joseph Gricar, MS[13]; Jean-Marie Ledeine, MS[13]; Michael James Overman, MD[14]; and Sara Lonardi, MD[15]

J Clin Oncol 2022;40(2):161-70.

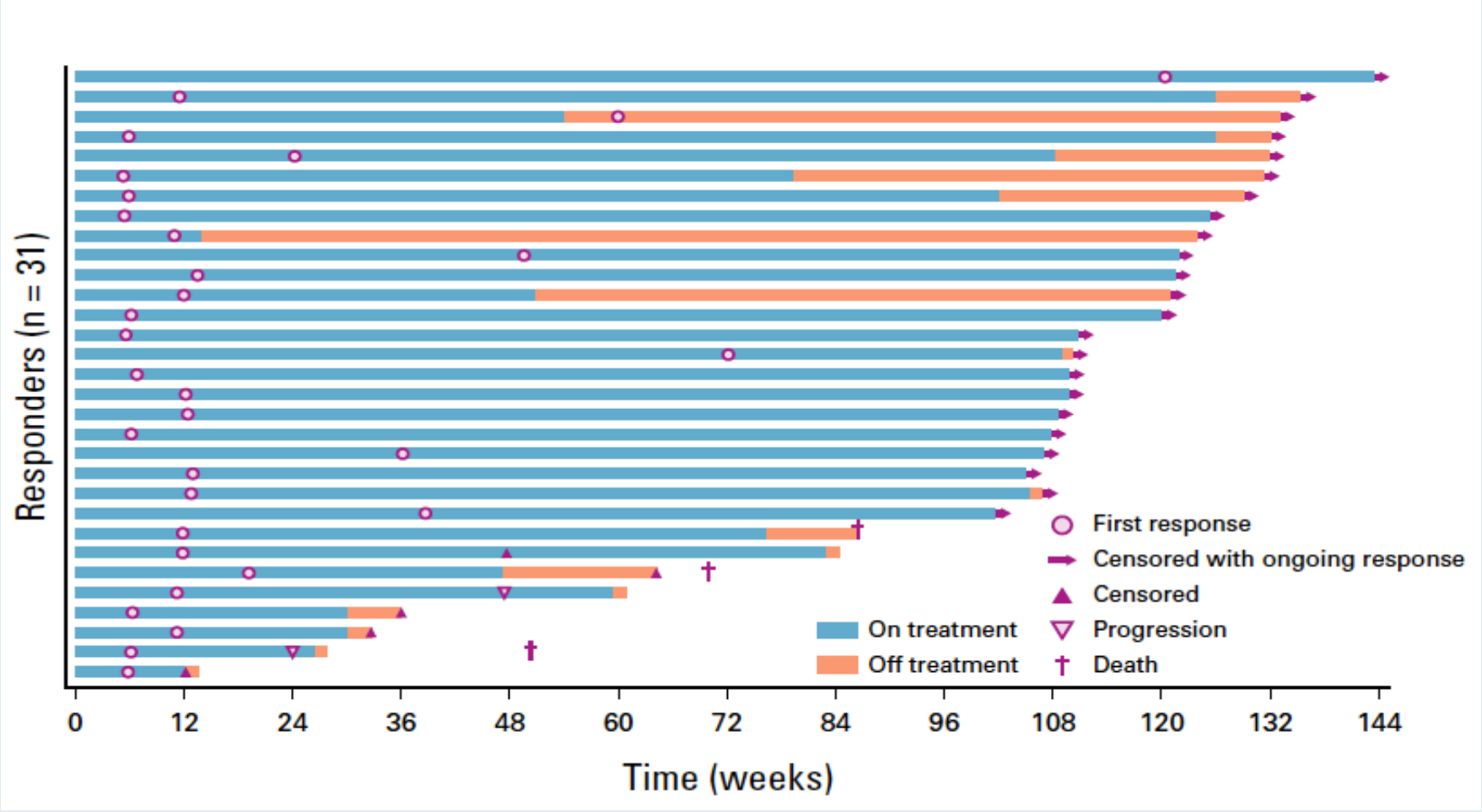
CheckMate 142: ORR, Best Overall Response, DCR and Median DOR (N = 45)

Response	Investigator Assessed	BICR Assessed
ORR,[a] No. (%)	31 (69)	28 (62)
95% CI	53 to 82	46.5 to 76.2
ORR by *BRAF* and/or *KRAS* mutation status,[b] No. (%)		
BRAF and *KRAS* wild-type (n = 13)	8 (62)	7 (54)
BRAF mutation (n = 17)	13 (76)	14 (82)
KRAS mutation (n = 10)	8 (80)	7 (70)
Best overall response,[c] No. (%)		
CR	6 (13)	11 (24)
PR	25 (56)	17 (38)
SD	7 (16)	8 (18)
PD	6 (13)	7 (16)
Not determined	1 (2)	2 (4)
DCR,[d] No. (%)	38 (84)	35 (78)
95% CI	70.5 to 93.5	63 to 89
Median DOR, months (range)[e]	NR (1.4+ to 29.0+)	NR (3.3+ to 29.0+)

ORR = overall response rate; DCR = disease control rate; DOR = duration of response; CR = complete response; PR = partial response; SD = stable disease; PD = disease progression

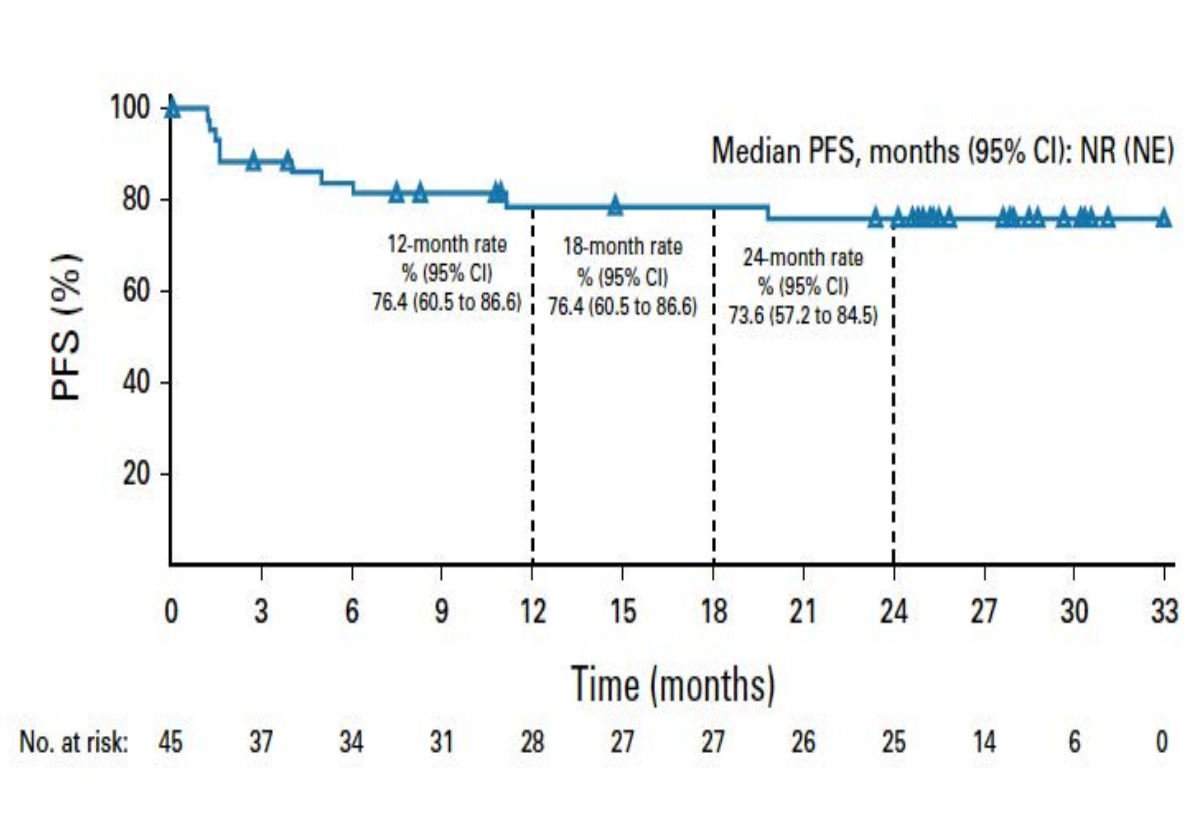
Lenz H-J et al. *J Clin Oncol* 2022;40(2):161-70.

CheckMate 142: Characterization of Patients with a Response

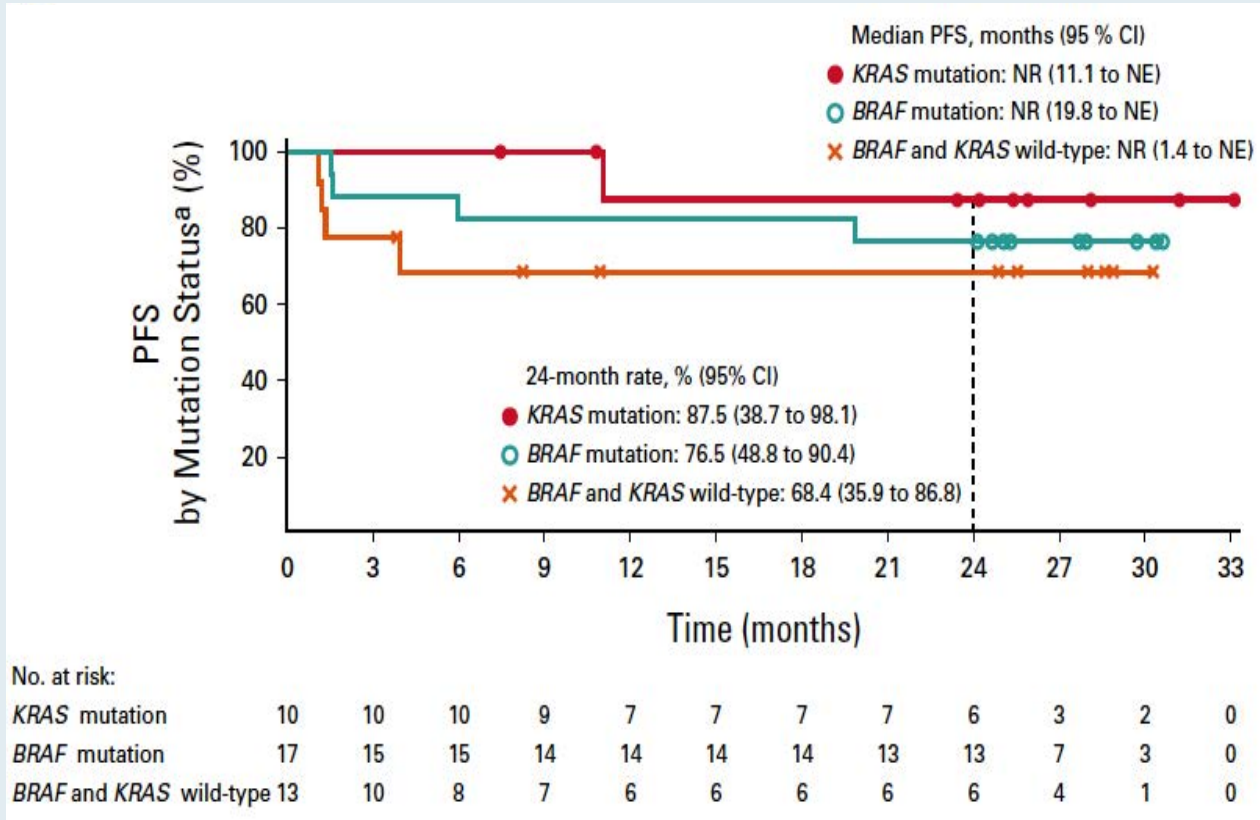


Lenz H-J et al. *J Clin Oncol* 2022;40(2):161-70.

CheckMate 142: Progression-Free Survival (PFS)



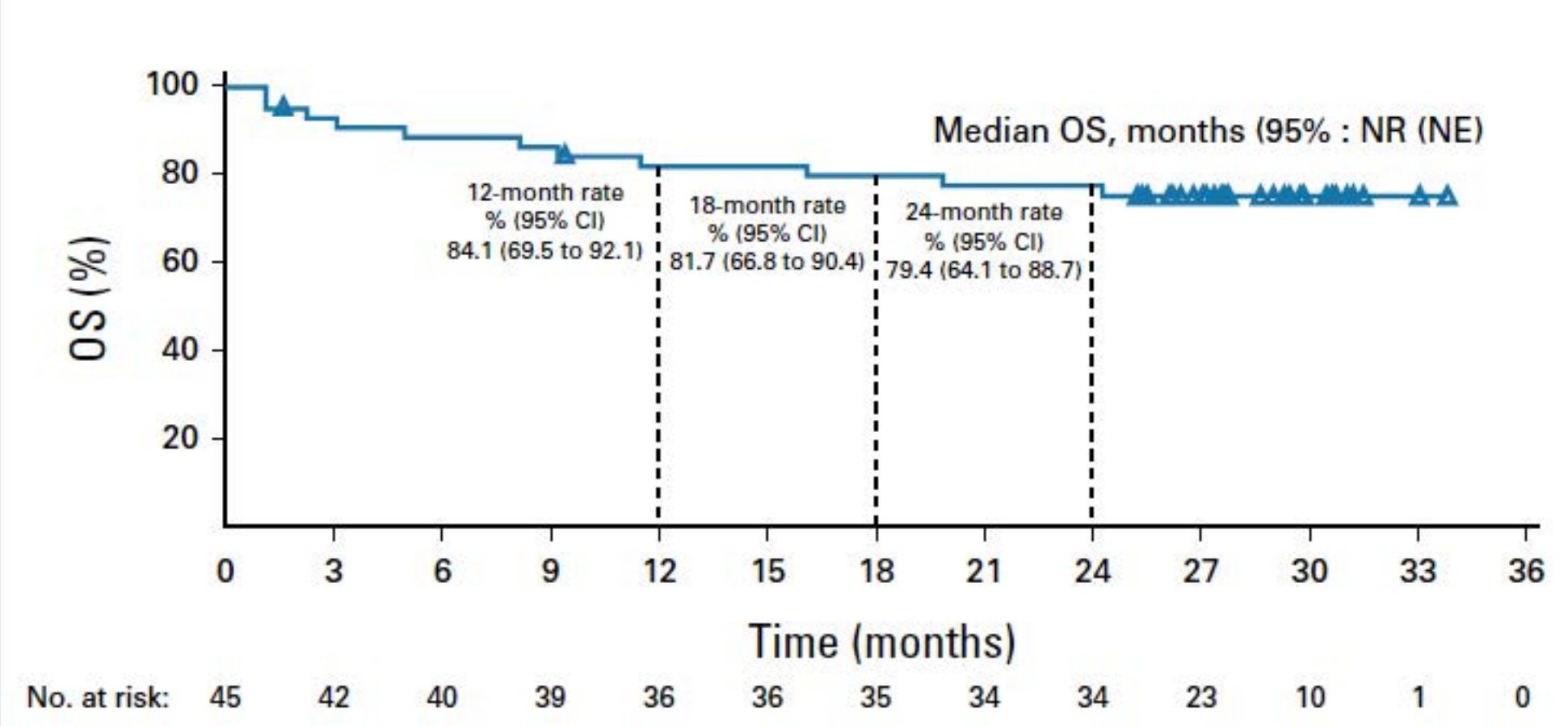
Per investigator assessment



Per investigator assessment by mutation status

Lenz H-J et al. *J Clin Oncol* 2022;40(2):161-70.

CheckMate 142: Overall Survival (OS)



Lenz H-J et al. *J Clin Oncol* 2022;40(2):161-70.

Gastroesophageal Cancers

RTP
RESEARCH
TO PRACTICE

2021 ASCO ANNUAL MEETING

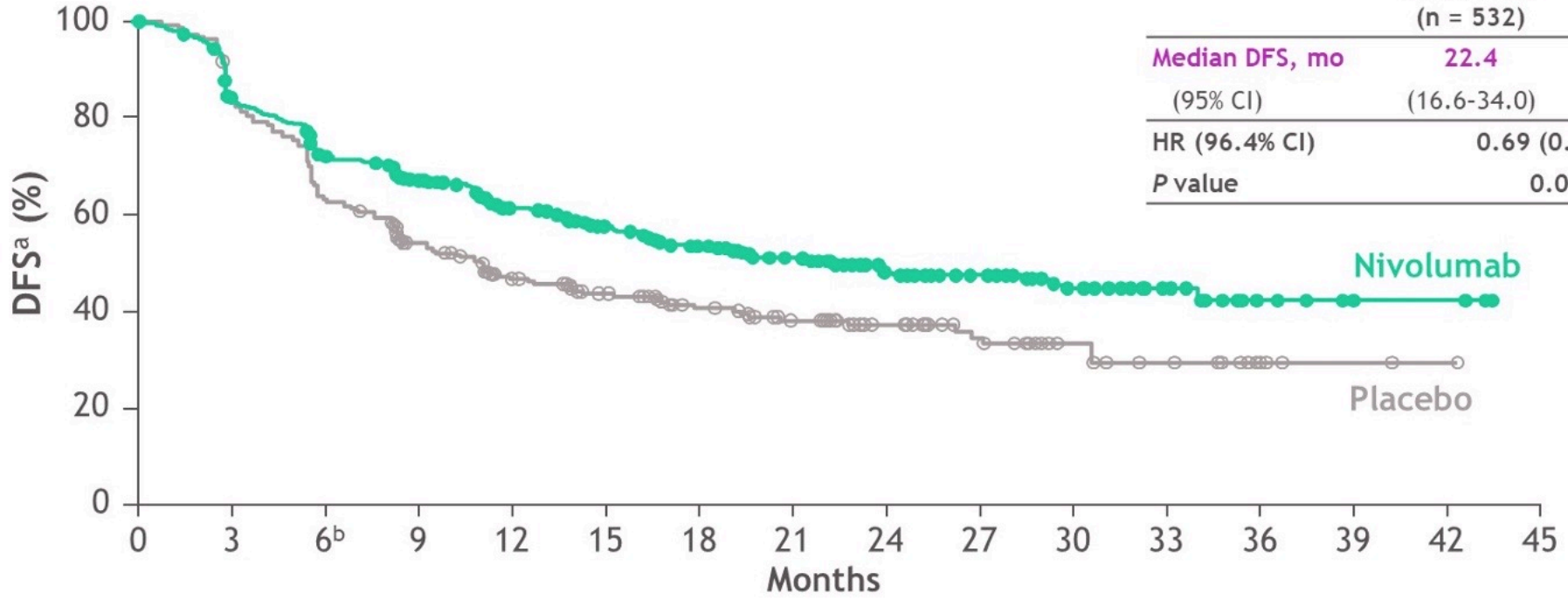
Adjuvant nivolumab in resected esophageal or gastroesophageal junction cancer following neoadjuvant chemoradiotherapy: expanded efficacy and safety analyses from CheckMate 577

Ronan J. Kelly,[1] Jaffer A. Ajani,[2] Jaroslaw Kuzdzal,[3] Thomas Zander,[4] Eric Van Cutsem,[5] Guillaume Piessen,[6] Guillermo Mendez,[7] Josephine Feliciano,[8] Satoru Motoyama,[9] Astrid Lièvre,[10] Hope Uronis,[11] Elena Elimova,[12] Cecile Grootscholten,[13] Karen Geboes,[14] Jenny Zhang,[15] Samira Soleymani,[15] Ming Lei,[15] Prianka Singh,[15] James M. Cleary,[16] Markus Moehler[17]

[1]The Charles A. Sammons Cancer Center at Baylor University Medical Center, Dallas, TX; [2]The University of Texas MD Anderson Cancer Center, Houston, TX; [3]Jagiellonian University, John Paul II Hospital, Cracow, Poland; [4]University Hospital of Cologne, Cologne, Germany; [5]University Hospitals Gasthuisberg, Leuven and KULeuven, Leuven, Belgium; [6]University of Lille, Claude Huriez University Hospital, Lille, France; [7]Fundacion Favaloro, Buenos Aires, Argentina; [8]Johns Hopkins Sidney Kimmel Comprehensive Cancer Center, Baltimore, MD; [9]Akita University Hospital, Akita, Japan; [10]CHU Pontchaillou, Rennes 1 University, Rennes, France; [11]Duke Cancer Institute, Durham, NC; [12]Princess Margaret Cancer Centre, Toronto, ON, Canada; [13]Netherlands Cancer Institute-Antoni van Leeuwenhoek Hospital, Amsterdam, Netherlands; [14]UZ Gent, Gent, Belgium; [15]Bristol Myers Squibb, Princeton, NJ; [16]Dana Farber Cancer Institute, Boston, MA; [17]Johannes-Gutenberg University Clinic, Mainz, Germany

Abstract number 4003

CheckMate 577: Disease-Free Survival (DFS)



	Nivolumab (n = 532)	Placebo (n = 262)
Median DFS, mo	22.4	11.0
(95% CI)	(16.6-34.0)	(8.3-14.3)
HR (96.4% CI)	0.69 (0.56-0.86)	
P value	0.0003[c]	

No. at risk																
Nivolumab	532	430	364	306	249	212	181	147	92	68	41	22	8	4	3	0
Placebo	262	214	163	126	96	80	65	53	38	28	17	12	5	2	1	0

- Nivolumab provided superior DFS with a 31% reduction in the risk of recurrence or death and a doubling in median DFS versus placebo

Kelly RJ et al. ASCO 2021;Abstract 4003.

ESMO WORLD CONGRESS ON Gastrointestinal Cancer

Pembrolizumab Plus Trastuzumab and Chemotherapy for HER2+ Metastatic Gastric or Gastroesophageal Junction Cancer: Initial Findings of the Global Phase 3 KEYNOTE-811 Study

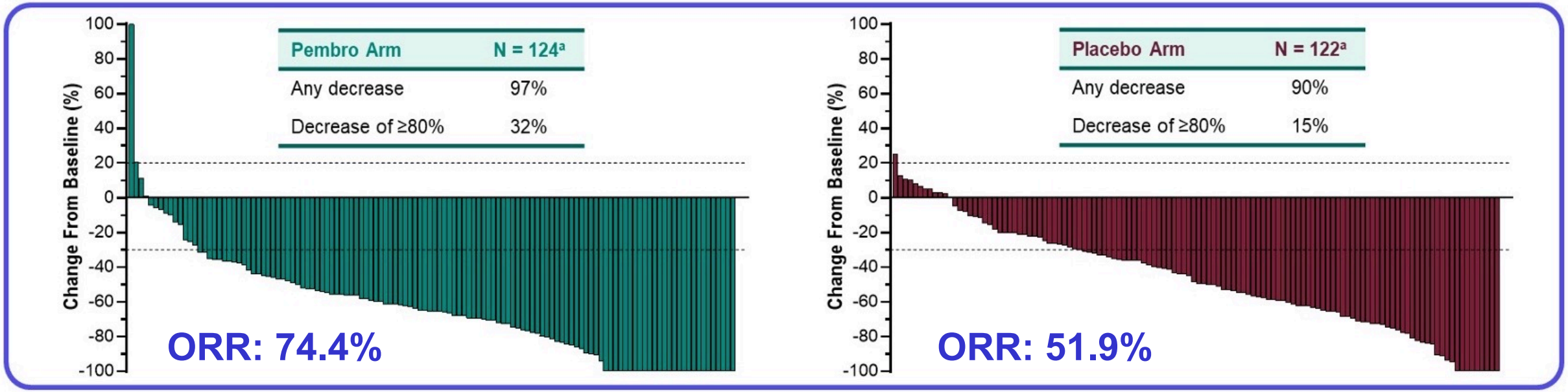
Yelena Y. Janjigian,[1] Akihito Kawazoe,[2] Patricio Yañez,[3] Suxia Luo,[4] Sara Lonardi,[5] Oleksii Kolesnik,[6] Olga Barajas,[7] Yuxian Bai,[8] Lin Shen,[9] Yong Tang,[10] Lucjan S. Wyrwicz,[11] Kohei Shitara,[2] Shukui Qin,[12] Eric Van Cutsem,[13] Josep Tabernero,[14] Lie Li,[15] Chie-Schin Shih,[15] Pooja Bhagia,[15] Hyun Cheol Chung,[16] on behalf of the KEYNOTE-811 Investigators

[1]Memorial Sloan Kettering Cancer Center, New York, NY, USA; [2]National Cancer Center Hospital East, Kashiwa, Japan; [3]Universidad de La Frontera, James Lind Cancer Research Center, Temuco, Chile; [4]Henan Cancer Hospital, the Affiliated Cancer Hospital of Zhengzhou University, Zhengzhou, China; [5]Istituto Oncologico Veneto IOV-IRCCS, Padova, Italy; [6]Medical Center "Oncolife", Zaporizhzhia, Ukraine; [7]Arturo López Pérez Foundation, Santiago, Chile; [8]Harbin Medical University Cancer Hospital, Harbin, China; [9]Key Laboratory of Carcinogenesis and Translational Research (Ministry of Education/Beijing), Peking University Cancer Hospital & Institute, Beijing, China; [10]Cancer Hospital Affiliated to Xinjiang Medical University, Xinjiang, China; [11]Maria Sklodowska-Curie Memorial Cancer Center and Institute of Oncology, Warsaw, Poland; [12]Cancer Center of People's Liberation Army, Nanjing, China; [13]University Hospitals Gasthuisberg and KU Leuven, Leuven, Belgium; [14]Vall d'Hebron Hospital Campus and Institute of Oncology (VHIO), IOB-Quiron, UVic-UCC, Barcelona, Spain; [15]Merck & Co., Inc., Kenilworth, NJ, USA; [16]Yonsei Cancer Center, Yonsei University College of Medicine, Seoul, South Korea

2021;Abstract LBA4.

RTP RESEARCH TO PRACTICE

KEYNOTE-811: Confirmed Response at First Interim Analysis



ORR = objective response rate

Janjigian YY et al. ESMO World Congress on Gastrointestinal Cancer 2021;Abstract LBA4.

PARIS 2022 ESMO congress

Updated Analysis of DESTINY-Gastric02: a Phase 2 Single-Arm Trial of Trastuzumab Deruxtecan (T-DXd) in Western Patients with HER2-Positive Unresectable/Metastatic Gastric/Gastroesophageal Junction (GEJ) Cancer Who Progressed on or After Trastuzumab-Containing Regimen

Presentation 1205MO

Geoffrey Ku,[a] Maria di Bartolomeo, Elizabeth Smyth, Ian Chau, Haeseong Park, Salvatore Siena, Sara Lonardi, Zev A. Wainberg, Jaffer Ajani, Joseph Chao, Ferdous Barlaskar, Yoshinori Kawaguchi, Amy Qin, Jasmeet Singh, Aashima Puri, Gerold Meinhardt, Eric Van Cutsem

On behalf of the DESTINY-Gastric02 investigators

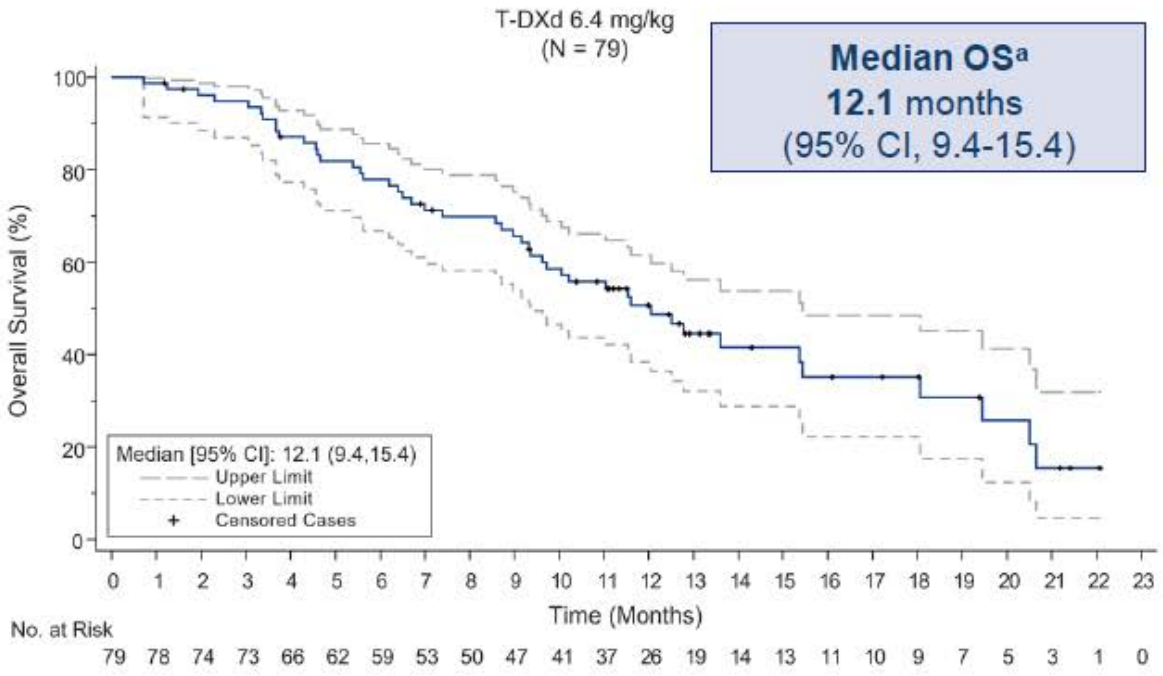
[a]Memorial Sloan Kettering Cancer Center, New York, NY, USA

Paris, France, September 9-13, 2022

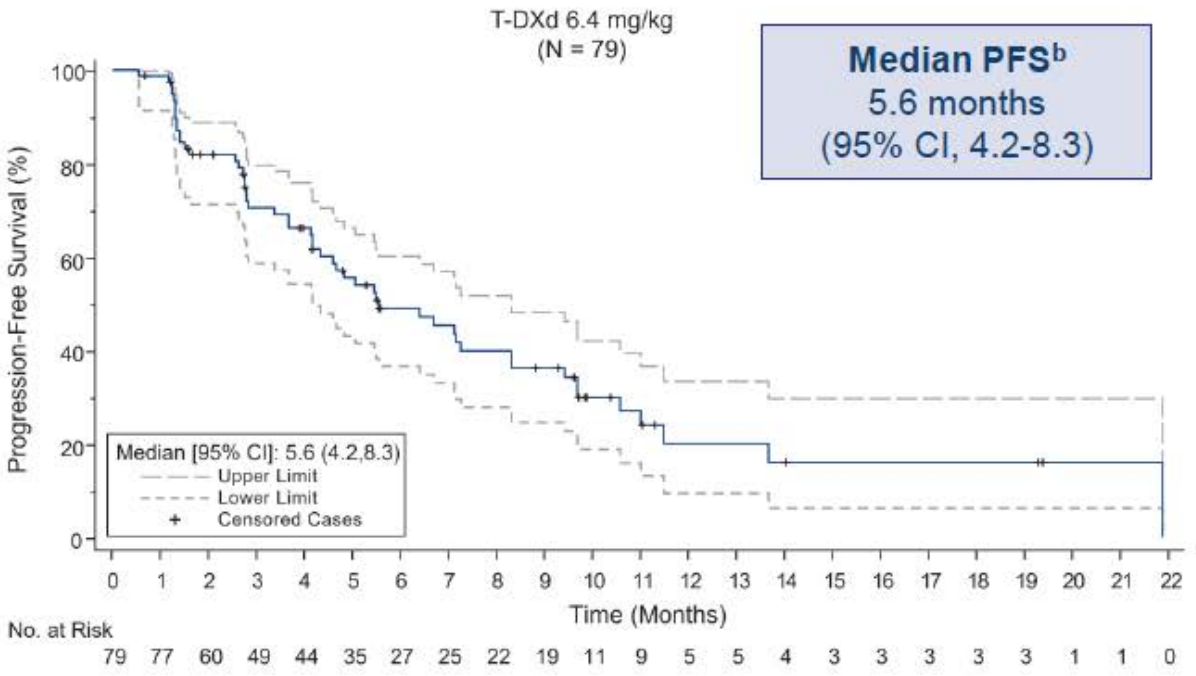
Abstract 1205MO

DESTINY-Gastric02: PFS and OS

Kaplan-Meier Plot of OS



Kaplan-Meier Plot of PFS by ICR



Ku G et al. ESMO 2022;Abstract 1205MO.

RTP RESEARCH TO PRACTICE

DESTINY-Gastric02: Overall Safety Summary and ILD/Pneumonitis

% (n)	Patients (N = 79)
Any TEAE	100 (79)
Drug-related	94.9 (75)
TEAE grade ≥3	55.7 (44)
Drug-related	30.4 (24)
Serious TEAE	41.8 (33)
Drug-related	12.7 (10)
TEAE associated with study drug discontinuation	19.0 (15)
Drug-related	12.7 (10)
TEAE associated with dose reduction	21.5 (17)
Drug-related	17.7 (14)
TEAE associated with an outcome of death	13.9 (11)
Drug-related	2.5 (2)
Adjudicated drug-related ILD/pneumonitis	10.1 (8)[a]
Adjudicated drug-related ILD/pneumonitis grade 5	2.5 (2)

- Median treatment duration was 4.3 months (range, 0.7-22.1 months)
- The most common TEAEs were nausea (67.1%), vomiting (44.3%), and fatigue (41.8%)
- Grade 1 adjudicated drug-related ILD/pneumonitis occurred in 2 patients (2.5%), grade 2 in 4 patients (5.1%), and grade 5 in 2 patients (2.5%)
- Median time to onset of adjudicated drug-related ILD/pneumonitis was 80.5 days (range, 42-344 days), with a median duration of 36.0 days (range, 15-142 days)
- Of the 2 fatal ILD/pneumonitis cases, 1 occurred 171 days after drug initiation and the second after 353 days

ILD, interstitial lung disease; TEAE, treatment-emergent adverse event.
Cutoff date: November 8, 2021.
[a]Of the 6 grade 1/2 ILD/pneumonitis cases, 3 patients had recovered or were recovering at the time of data cutoff, 1 had recovered with sequelae, 1 had not recovered, and 1 had an outcome that was unknown.

Ku G et al. ESMO 2022;Abstract 1205MO.

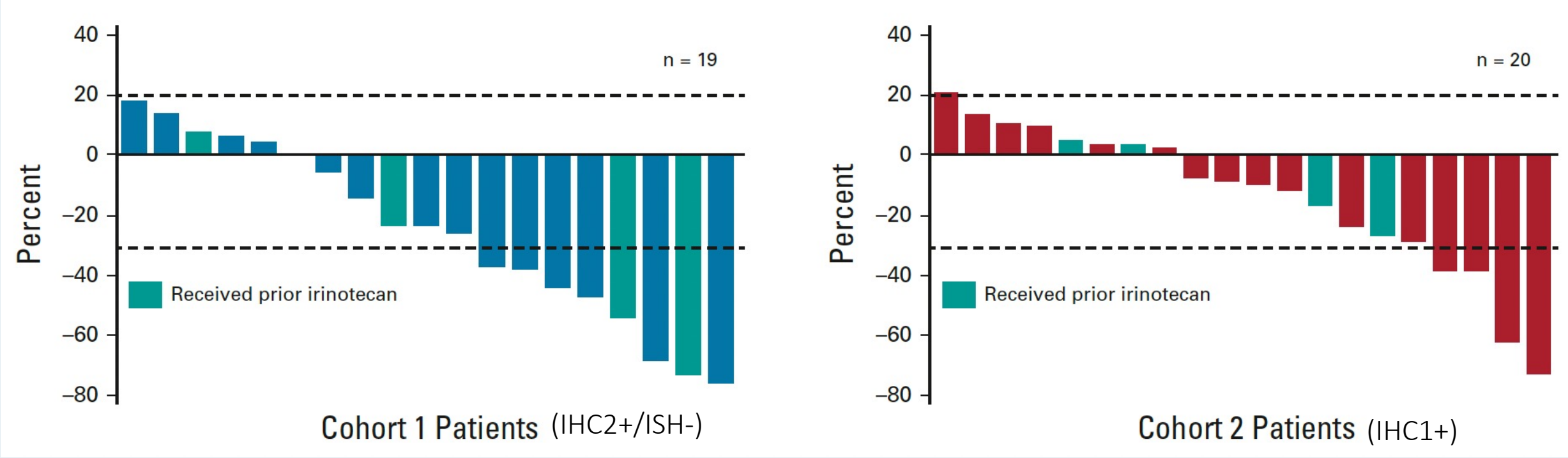
original reports

Trastuzumab Deruxtecan in Anti–Human Epidermal Growth Factor Receptor 2 Treatment–Naive Patients With Human Epidermal Growth Factor Receptor 2–Low Gastric or Gastroesophageal Junction Adenocarcinoma: Exploratory Cohort Results in a Phase II Trial

Kensei Yamaguchi, MD[1]; Yung-Jue Bang, MD, PhD[2]; Satoru Iwasa, MD[3]; Naotoshi Sugimoto, MD[4]; Min-Hee Ryu, MD, PhD[5]; Daisuke Sakai, MD[6]; Hyun Cheol Chung, MD, PhD[7]; Hisato Kawakami, MD, PhD[8]; Hiroshi Yabusaki, MD[9]; Jeeyun Lee, MD[10]; Tatsu Shimoyama, MD[11]; Keun-Wook Lee, MD, PhD[12]; Kaku Saito, MSc, MBA[13]; Yoshinori Kawaguchi, MSc, MBA[13]; Takahiro Kamio, MD[13]; Akihito Kojima, MSc[14]; Masahiro Sugihara, PhD[14]; and Kohei Shitara, MD[15]

J Clin Oncol 2023 February 1;41(4):816-25.

DESTINY-Gastric01: Antitumor Activity of Trastuzumab Deruxtecan in Patients with Untreated HER2-Low Gastric or Gastroesophageal Cancer



Yamaguchi K et al. *J Clin Oncol* 2023 February 1;41(4):816-25.

RTP RESEARCH TO PRACTICE

Meet The Professor

The Current and Future Management of Non-Hodgkin Lymphoma

Thursday, June 15, 2023
5:00 PM – 6:00 PM ET

Faculty

Ian W Flinn, MD, PhD

Moderator

Neil Love, MD

RTP
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Thank you for joining us!

Please take a moment to complete the survey currently up on Zoom. Your feedback is very important to us. The survey will remain open up to 5 minutes after the meeting ends.

NCPD credit information will be emailed to each participant within 5 business days.

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